PLACE OF BIRTH STATE OF IDAHO must be made DEPARTMENT OF PUBLIC WELFARE A PERMANENT RECORD TE RETURN must be mad birth stated. County of VITAL STATISTICS. BUREAU OF (If born in hospital or institution give Prim. Registration District No 2004 Local Registrar's No..... FULL NAME OF CHILD (If stillborn, substitute the word "Stillbirth" for name of child) Twin Number Date of Legiti-Sex of Triplet and in order birth . of birth mate? 4 or other? Child (To be answered only in event of plural births) (Month) (Day) order What prophylactic was used to prevent Ophthalmia Neonatorum? THIS SEP (a) Born alive and now living... Number of child of this mother, including present birth.... E.5 Stillborn..... Born alive but now dead..... birth each, MOTHER FULL FULL NAME ... ಕ್ಕ NAME UNFADING Residence Residence an one child a (Usual place of abode) If don-resident, give place and State If non-resident. give place and State Age at last birthday. Color or race.. Age at last birthday. Color or race..... (Years) MO. Birthplace... case of more than for each and th Birthplace.... (City_and, State or County) (City and State or County WITH ATTENDING PHYSICIAN OR MIDWIFE* PLAINLY Born alive I hereby certify that I attended the birth of this child, who was \ Stillborn on the date above stated. (Signature) (*Where there was no attending physician or mid-) wife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life (Physician or midwife) Address after birth. Registrar.

	215 779 101:213	7-27.15		
9	265 729-00/3/3 1. PLACE OF BIRTH	STATE OF IDAHO		
ğ	County of ADA:	DEPARTMENT OF PUBLIC WELFARE		
ated.	City of BOISE . IDA	BUREAU OF VITAL STATISTICS		
炴히	City of Estate State Sta	CERTIFICATE OF BIRTH 237552		
birth	County of ARA: City of BOISE: IDA: No. St. Registration Dis	trict NoState File No		
o de		on District NoLocal Registrar's No		
ا <u>ة</u> [) On a second ()			
N OR	2. FULL NAME OF CHILD ANDREW KE	NNETH KOEMEER		
OS S G-d-i	3. Sex If plural 4. Twin, triplet, or other TWIN 6. Pre births 5. Number, in order of birth 2.00 Ful	mature 7. Legiti- 1 term 7 mate? 15 8. Date of birth FEB - 29 - 188 G93 (MONTH, DAY, YEAR) 18. Full MOTHER		
E E	9. Pull FATHER	18. Fuli MOTHER		
	DAME ANDREW KENNETH KOENIL	R name ALICE CALHOUN		
PERMANENT h, and the numb	10. Residence (usual place of abode) (If non-resident, give place and State) 20	19. Residence (usual place of abode) (If non-resident, give place and state) BOISE-IDAHO		
	11. Color or race YY 12. Age at last birthday 38 (years)	20. Color or race Y 21. Age at last birthday 3.9. (years)		
B ER		22. Birthplace (city or place) — XING TON K.Y.		
A P	13. Birthplace (city or place) CHICAGO - TLL: (State or country)	(State or country)		
Si Z	14. Trade, profession, or particular	23. Trade, profession, or particular kind of work done, as housekeeper, 17		
S	sawyer, bookkeeper, etc.	of work done, as housekeeper, Housewife typist, nurse, clerk, etc		
Eğ	15. Industry or business in which work was done, as silk mill,	24. Industry or business in which work was done, as own home,		
اقرلِ	sawmill, bank, etc.	lawyer's office, silk mill, etc		
	16. Date (month and year) last 17. Total time (years)	o engaged in this work 26. Total time (years)		
얼킯	DEC- 1879 spent in this work of EE	MARCH-1886 spent in this work		
UINFADING ate Return 1	27. Number of children of this mother (At time of this birth and including this child) (a) Born affive and now	v living (b) Born alive but now dead (c) Stillborn		
	28. If stillborn. (months	Before labor		
T AN	period of gestation or weeks 29. Cause of stillbirth	During labor		
WITT-	CERTIFICATE OF ATTENDING			
Υŧ	Is perably certify that Lattended the birth of this child, who were there was no attending physician	(Born Alive on Stillborn)		
AINIC.	for midwife, then the father, householder, (Si	GORN ALIVE ON STILLBORN) GORD / ANOREY KENNETT KOENIER		
	il Tafa: chould shake IDIS EPCIICA.	andrew Convette Potrices		
3 PL child		iress		
Eag	befre me this 30% day of File	ed 11-2 , 193 5		
W.	Registrar.	Persey Registrar.		

Wes. Olyabeth Becker was Hudwife ellending my wother at that time, she later grent to Elicago where she clied several years later. His imfamature of weer on peut under Kenneth Fremes State of kew Jersey \ 55. Herbert C Schmitz of full age being duly swon according to law depose which say that. 2. I have Anown andrew Kenneth Koemier for the past 20 years having known his both socially and in business for that time . Herbule Shows Lecon to & subscribed before me this 22 rd day Karles Olythardt Mayter in Chancery of

243-215-020-249 PLACE OF BIRTH of more than birth stated. STATE OF IDAHO County of Elmore DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS City of Atlanta CERTIFICATE OF BIRTH 257521 No. _____ St_ -In case of order of Registration District No.State File No. (If born in hospital or institution give name.) Prim. Registration District No.Local Registrar's No. 2. FULL NAME OF CHILD Cora Elida Butler Ä.H 8. Date of tD. N. each, 3. Sex 1880 hirths birth Sept 15 5. Number, in order of birth..... Full term..... mate? PERMANENT RECORD. 193 (Month, Day, Year) 9. Full FATHER. ||18. Full MOTHER name George Edmund Butler maiden Elida Corintha Smith name 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and State) Atlanta (If non-resident, give place and State) 13. Birthplace (city or place) (State or Country) Illinois (State or Country) Missouri 14. Trade, profession, or particular 23. Trade, profession, or particular kind kind of work done, as spinner, ATION of work done, as housekeeper, sawyer, bookkeeper, etc. typist, nurse, clerk, etc. for 15. Industry or business in which 24. Industry or business in which work was done, as silk mill. work was done, as own home. sawmill, bank, etc. Farmer lawyer's office, silk mill, etc. Housewife 16. Date (month and year) 25. Date (month and year) last engaged in this work 17. Total time (years) spent last engaged in this work 26. Total time (years) spent must , 19____ WITH UNFADING Separate Return mu 27. What prophylactic was used to prevent Ophthalmia Neonatorum? 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living...... (b) Born alive but now dead...... (c) Stillborn...... 29. If stillborn, months Before labor.... period of gestation 30. Cause of stillbirth..... or weeks During labor CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was ______at ____ m. on the date above stated. PLAINLY of at birth a 8 (Born Aliyenor Stillborn) When there was no attending physician (Signed) Exficustry Cousin manning or midwife, then the father, householder, etc., should make this return. WRITE P Give name added from Address 1601 Denver St. Boise before ma Subscribed and sworn to before ma Filed 8-37 this 193/816 day of Aug 1937 a supplemental report Registrar. Tearl Dellugham Registrar.

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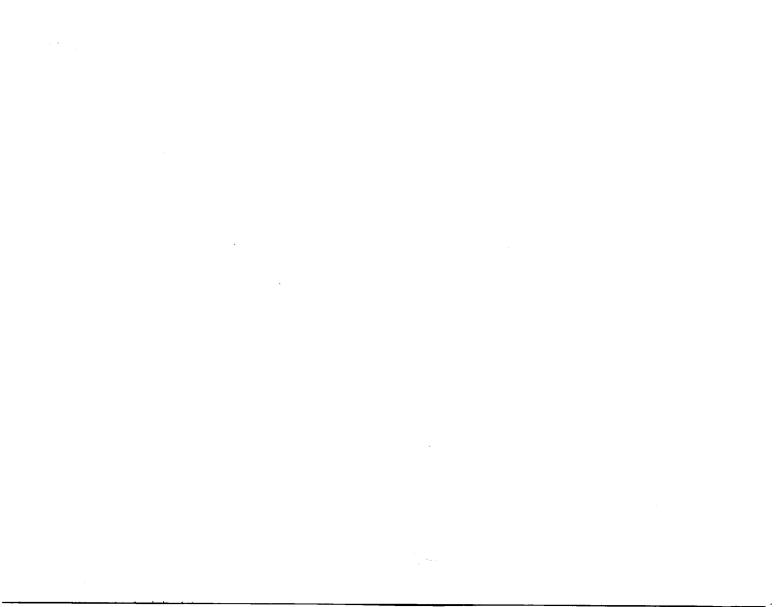
PERMANENT RECORD.

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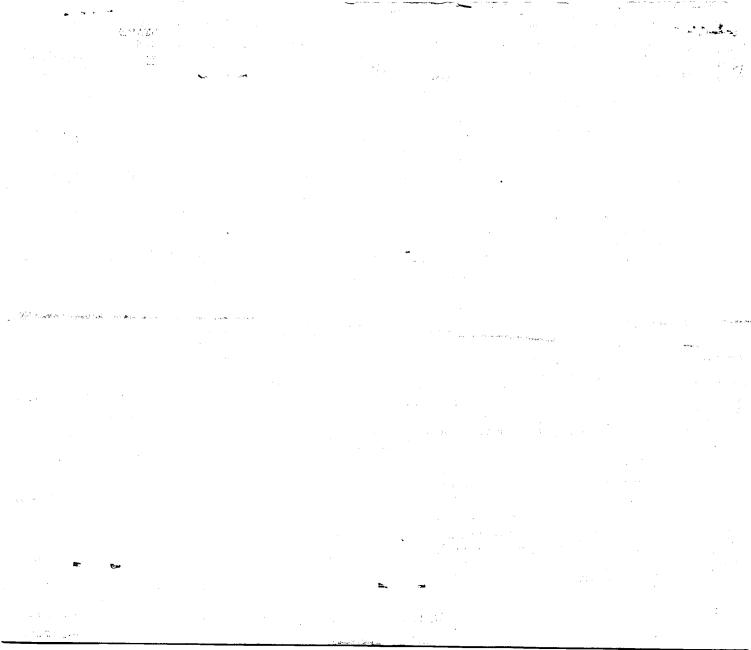
STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of	Idaho		(To accon	AFFIDAVIT (To accompany a certificate of an u		
County of	of Ada		when such attending	n certificate is not physician or midv	tificate is not attested by signature of sician or midwife.)	
	Ira . Smith			being f	irst duly sworn says that	
	is the uncle	of				
	(Relationship of o					
born	September 24, 1880 (Date of birth)	at.	В	oise	, Idaho,	
recorded under	te of birth is hereto attached Chapter 139—1937 Session	Laws of Idaho; and a	mant further st	tates that the lact	s contained in the tertin-	
cate of hirth o	f the said	nie Hattie Smith	<u> </u>			
cate of birth o	i die said					
stated than	ein, and that this birth has r	not been previously rec	orded.	nereto atta	ched are true and correct	
					_	
	urther states that				MIMMITE	
medical attend	lant at the birth of said	Minnie Hat	tie Smith		and that	
the said medic	eal attendant is	deceased			<u>A</u>	
		(N	ow deceased (or	r) cannot be locate	ea) p	
					Why.	
Subscrib	ed and sworn to before me t	this 25	.day of	May	, 19. 59	
•			Tr.	W. To	Powell.	
				•	Notary Public.	
			siding at 5	Pare_	Notary Public.	
* If the father as ant, as brother	nd mother are dead, and the next i	nearest kin signs the affidav	it, state that fact i	n the affidavit, indica	ting the relationship of the affi-	



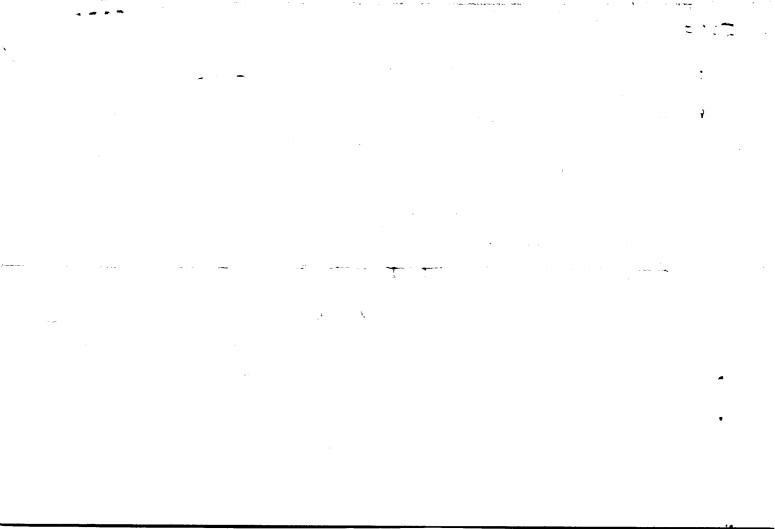
	1 2.	219 114 035 643 PLACE OF BIRTH	STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE 2 7 9 6 2 7
each, and	C	ounty of Plan Paradistriction of St. Jun 5 1939	BURBAU OF VITAL STATISTICS CERTIFICATE OF BIRTH 279627 District No. State File No.
E 5	tic	If born in hospital or institu- on give name.) Prim. Registra	tion District No. Local Registrar's No.
PERMANENT nust be made	3	Sex births 4. Twin, triplet, or other	Full term mate? (Month, Day, Year)
A PERJ	9	9. Full FATHER PARME Egra Bairo	naiden Mary Olier O de.
HIS IS A RETURN D. Pirth. stated	10	O. Residence (usual place of abode) (If non-resident, give place and State)	19. Residence (usual place of abode) (If non-resident, give place and State) 20. Color or race 21. Age at last birthday (Years)
THIS THIS FE RE	$\begin{bmatrix} \frac{11}{13} \end{bmatrix}$	1. Color or race 11. Age at last birthday (years) 3. Birthplace (city or place) 11. Age at last birthday (years) (State or country)	22. Birthplace (city or place)
ARA.	;	14. Trade, profession, or particular kind of work done, as spinner,	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clark, etc.
当日 別 5	ı ↓ Ş	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc	typist, mure, clork, etc. 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. 25. Date (month and year) as more types.
UNFADING d at birth, a	₃ ĕ	16. Date (month and year) last engaged in this work	last engaged in this work
MARGH H UNF/ child at b	2	- was a sembracatic was used to prevent Ophthalmia Ne	onatorum?
	2		v living(b) Born alive but now dead(c) Stillborn
· -	2	9. If stillborn, period of gestation	
INT or		CERTIFICATE OF ATTENDIN	
E PLAINLY of more than	٤	When there was no attending physician www.s	who was at m. on the date above stated. (Born Alive or Stillborn) igned) M. D.
WRITE In case	G	etc., should make this return. Five name added from averagemental report.	idress Fear Randage Midwife
B.		(Date of) marky Fi	827 Second It Clarketon, Wach
Ż	įĮ	Wellsman	Anii A ima



A F F I D A V ITT

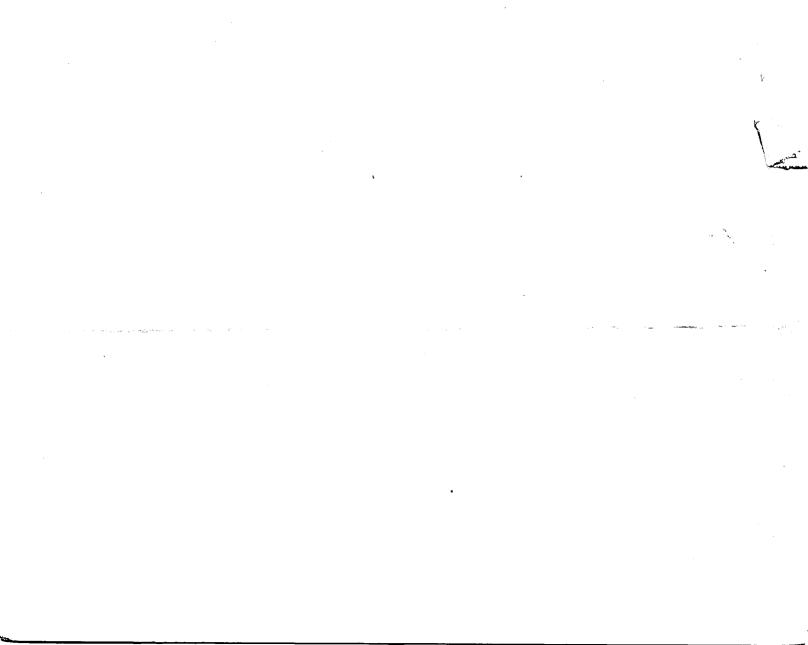
•	-
Mary a. Baird . , being	duly sworn upon oath, 5 1939
deposes and says, that the is the	
Lewis. L. Baird.; that	he. was born at
Lewiston in heg Pe	county, Idaho,
Jamoany. 14-1880.	
tues he marks.	St Clarkes ton wasty. (X) Hum
lia Odle Seorge 1.Odle 10.	St Clarkeston Washy.
Subscribed and sworn to before me the	is 2.5 day of april 1939

CLERK OF THE DISTRICT COURT AND
EX-OFFICIO AUDITOR AND RECORDER



stated.	County of BOISE	PECEMEU	STATE OF IDAE DEPARTMENT OF PUBLIC BUREAU OF VITAL ST	WELFARE	
oth s	City of Idaho City	JUN 29 1939	CERTIFICATE OF	BIRTH	
	No. 691225018-364 st.	Registration Di	strict NoS	tate File No. 280716	
in order	(If born in hospital or institution give name.)	Prim. Registrat	tion District NoL	ocal Registrar's No	
	2. FULL NAME OF CHILD Ada A	my Frampto	on		
	3. Sex If plural \(\) 4. Twin, triplet, or othe	r6. Pre	emature	8. Date of an. 25 1880 hirth Jan. 25 193	
. 3 1	Female births \[\frac{5}{5}\]. Number, in order of	birthFul	1 term mate? Yes		
he number of each	9. Full FATHER name George Frampton	<u> </u>	18. Full MO: maiden Sarah Ann Te name Sarah Ann Te	rher odd	
number	10. Residence (usual place of abode) (If non-resident, give place and State) Idal				
7 -	11. Color or raceW 12. Age at last birth		20. Color or race	Age at last birthday(years)	
and	13. Birthplace (city or place) England			ennsylvania	
∢ ଅ	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner		23. Trade, profession, or particular kind		
ade fo	E 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc		24. Industry or business in work was done, as own ho lawyer's office, silk mill, e	which me, tc	
be m	work was done, as silk mill, sawmill, bank, etc	17	25. Date (month and year) last engaged in this work	26. Total time (years) spent	
nst E	-	rk		in this work	
ב ב ב	27. What prophylactic was used to prevent Opl	thanda Neonato	rum?		
für	28. Number of children of this mother (45)	me this birth a	and including this child) living (b) Born alive but n	ow dead (c) Stillborn	
Separate Return must be made for	27. What prophylactic was used to prevent Opl 28. Number of children of this mother 29. If stillborn, period of gestation.	months or weeks	30. Cause of Stillbirth	Before labor During labor	
	I hereby certify that Lattended the terth of th	is child, who was	(D. Alies on Chilbonn)	m. on the date above stated.	
at birth a	When there was no attending physician or midwife, then the father, householder, etc., should make this return. Taken from New Give name added from Announcement Jasupplemental report	sig) Spaper _ capapav	gned) Ada army F.	Call Calon, 12.	
res r hild	Give name added from Announcement Jasupplemental report Ldaho City, I. (Date of)	n. 30,1880	6/20/20	man de 17	
one c	**************************************	File Registrar.	ed	State Registrar.	

	14-106-001-212 PLACE OF BIRTH ounty of Olda	STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		
	ity of Boise, Idaho No. 212 State St.	CERTIFICATE OF BIRTH 284210		
	Registration 1	District NoState File No		
Ĩ	t born in hospital or institution give name.) Prim. Registr 2. FULL NAME OF CHILD Fred Leon	ation District NoLocal Registrar's No		
ું.∄	To pluse 1 (4 Twin triplet or other 6 P	R Date of		
ach,	hirths) a synthesis to add to the	ull term. Yes mate? Yes (Month, Day, Year)		
ORI of e	9. Full FATHER	118. Full MOTHER		
ber	name Fred David James	name Rose Eleanor Basil funda.		
num	10. Residence (usual place of abode) (If non-resident, give place and State) Boise	19. Residence (usual place of abode) (If non-resident, give place and State)		
NED Specific	11. Color or race hite 12. Age at last birthday 23 (years	20. Color or race White. 21. Age at last birthday. (years)		
PERMANENT RECORD. N. ch, and the number of each,	13. Birthplace (city or place) Fair Haven (State or Country) Vermont	22. Birthplace (city or place) Deg Motries (State or Country)		
₽ P	14. Trade, profession, or particular	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.		
-THIS IS made for	15. Industry or business in which	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. 25. Date (month and year) last engaged in this work 26. Total time (years) spent		
N ed	17. Total time (years) spent last engaged in this work			
INK ust be	Sept. 6. 1880, 40 in this work. 2	- Anglet Later Landson, December 1		
	27. What prophylactic was used to prevent Ophthalmia Neonatorum? 28. Number of children of this mother (At time of this birth and including this child)			
UNFADING IN te Return must	28. Number of children of this mother (a) Born alive and now	v living (b) Born alive but now dead (c) Stillborn V		
WITH UNI Separate R	29. If stillborn, months or weeks	30. Cause of Stillbirth {Before labor		
Y WIT		PHYSICIAN OR MIDWIFE S Ban alive at a m. on the date above stated. (Born Alive or Stillborn)		
PLAINLY d at birth a	should make this return.	Henrietta & Charleymo & Hondwife		
	a bappionic to a contract to the contract to t	ddress		
WRITE one chil	(Date of)	led		
WR	Registrar.	1ed 0C 4 1939, 193 Registrar.		



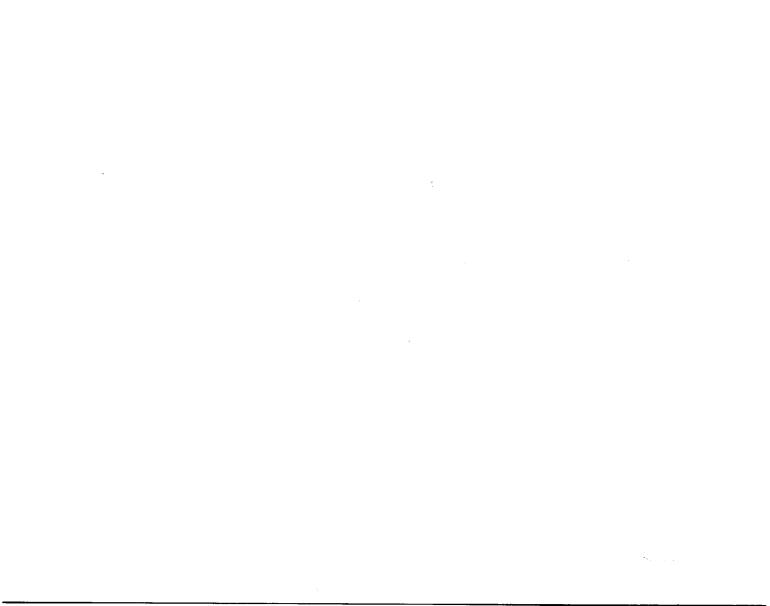


ant, as brother, sister, cousin, etc.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of Idaho County of Ada County of Ada County of Ada County of Ada (Relationship of child)*	AFF (To accompany a certificate is attending physician or number)	FIDAVIT icate of an unreported birth not attested by signature of nidwife.) ng first duly sworn says that
Had is the Son of Fred	- Rose Jan	res
(Relationship of child)*	· ·	
born Sept 6. 1880 at	Gouse	, Idaho,
(Date of birth)		
whose certificate of birth is hereto attached, and thatrecorded under Chapter 139—1937 Session Laws of Idaho; and affian	nt further states that the	desires to have the said birth facts contained in the certifi-
cate of birth of the said		
	hereto a	attached are true and correct
as stated therein, and that this birth has not been previously record	<u>ed.</u>	
Affiant further states that		M. D. was the Midwife
medical attendant at the birth of said	***************************************	and that
the said medical attendant is Now deceased		
(Now Name of Affiant	deceased (or) cannot by to	casley mis & H
* (Brigg & d	aho T
P. O. Address	000	***************************************
Subscribed and sworn to before me thisday	of Occasion	, 1935
	Misto	8
	16	Notary Public.
Residi	ng at	C, Idaho.
* If the father and mother are dead, and the next nearest kin signs the affidavit, s	tate that fact in the affidavit, in	dicating the relationship of the affi-



	292 11410 21-515				
lan ed.	1. PLACE OF BIRTH.				
e th	County of Jean Total Shank Since DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS				
of more than birth stated	City of Clifton Idaho RECEIVED CERTIFICATE OF BIRTH				
of 1	No. St. State File No. 291120				
of	State File No				
In case or or	(If born in hospital or institution give name.) Prim. Registration District No. Local Registrar's No.				
Ä.ii	3. Sex 4 If plural 4. Twin, triplet, or other 6. Premature 7. Legiti- 8. Date of birth // arch - 14.				
D. N. each,	Male. births 5. Number, in order of birth Full term III. mate? Is (Month, Day, Year)				
of o	9. Full MOTHER MOTHER				
ă ă	name William Stevson Bellingsley name Sarah Ellen Van Leuven				
r R	10) Regidence (119119) nigce of anode)				
NENT REC the number					
A T	11. Color or race While 12. Age at last birthday (years) 20. Color or race While 21. Age at last birthday 31 (years)				
PERMANENT RECORD.	13. Birthplace (city or place) 22. Birthplace (city or place) (State or Country) (State or Country)				
A PE each,	14. Trade, profession, or particular 23. Trade, profession, or particular kind				
A ea	kind of work done, as spinner, flaming of work done, as housekeeper, sawyer, bookkeeper, etc.				
for	F 15. Industry or business in which				
-THIS made	work was done, as silk mill, sawmill, bank, etc				
-	[5] 16. Date (month and year) 12 Total time (years) spent 5 25. Date (month and year) 26 Total time (years) spent				
INK- ust be	in this work				
IG IN must	27. What prophylactic was used to prevent Ophthalmia Neonatorum?				
Ž I	28 Number of children of this mother (At time of this hirth and including this child)				
UNFADING te Return mi	(a) Born alive and now living If (b) Born alive but now dead (c) Stillborn				
	29. If stillborn, and months 30. Cause of Stillbirth Before labor.				
a H	period of gestation				
WITH Separa	CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE				
z g	I hereby certify that I attended the birth of this child, who was alive or Stillborn)				
	When there was no attending physician or midwife, then the father, householder, etc., (Signed) (Signed) (M. D.				
at b	should make this return.				
H B	Give name added from a supplemental report Address Caston Quicide Co Make				
Spiral	(Date of) Filed 1940 Dy tracel Track				
W h	Registrar. Registrar.				

141 PMF

, Z

M. W. Carl

919-221.035-266 PLACE OF BIRTH STATE OF IDAHO County of Nez Perce DEPARTMENT OF PUBLIC WELFARE RECEIVED BUREAU OF VITAL STATISTICS City of Mount Idaho CERTIFICATE OF BIRTH No. ______ St. Regard District No. State File No. 291142 Prim. Registration District No.Local Registrar's No. (If born in hospital or institution give name.) 2. FULL NAME OF CHILD Lenna Gray Rainey ä 8. Date of If plural [4. Twin, triplet, or other ___ 6. Premature ___ 7. Legiti-D. N. Jeach, 3. Sex Female birth Aug 21, 1886s... Full term Yes mate? Yes bi 5. Number, in order of birth 2 (Month, Day, Year) PERMANENT RECORD. ch, and the number of ea **FATHER** MOTHER 9. Full 18. Full name maiden Lvnn Annette Bowers John William Rainey name 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and State). Mt. Idaho (If non-resident, give place and State) Mt. Idaho 11. Color or race. White 12. Age at last birthday 42 (years) 20. Color or race. White | 21. Age at last birthday 22 (years) 13. Birthplace (city or place) State of Georgia 22. Birthplace (city or place) Portland and Oregon (State or Country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular kind of work done, as spinner, TION of work done, as housekeeper, sawyer, bookkeeper, etc. ______Assessor Housewife typist, nurse, clerk, etc. 15. Industry or business in which 24. Industry or business in which UPA. work was done, as silk mill, work was done, as own home. Home sawmill, bank, etc. lawyer's office, silk mill, etc. 16. Date (month and year) 25. Date (month and year) 17. Total time (years) spent last engaged in this work 26. Total time (years) spent last engaged in this work ğ WITH UNFADING INK. Separate Return must be in this work 5 years in this work..... 19..... 19..... 27. What prophylactic was used to prevent Ophthalmia Neonatorum? (At time of this birth and including this child) 28. Number of children of this mother (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0 If stillborn. months Before labor_____ 30. Cause of stillbirth ---period of gestation..... or weeks During labor..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was ______at _____ m, on the date above stated. ITE PLAINLY child at birth a (Born Alive or Stillborn) When there was no attending physician (Signed) , M. D. or midwife, then the father, hoseholder, etc., should make this return. or Midwife Give name added from a supplemental report..... Filed Open 3, 1960 Mae G. C Address one Registrar. Bureau of Vital Statistic

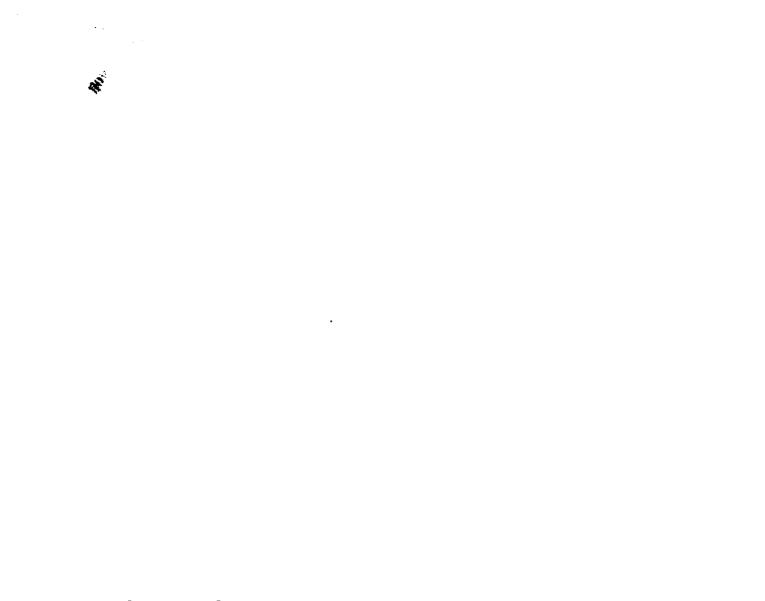
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STATE OF IDAHO

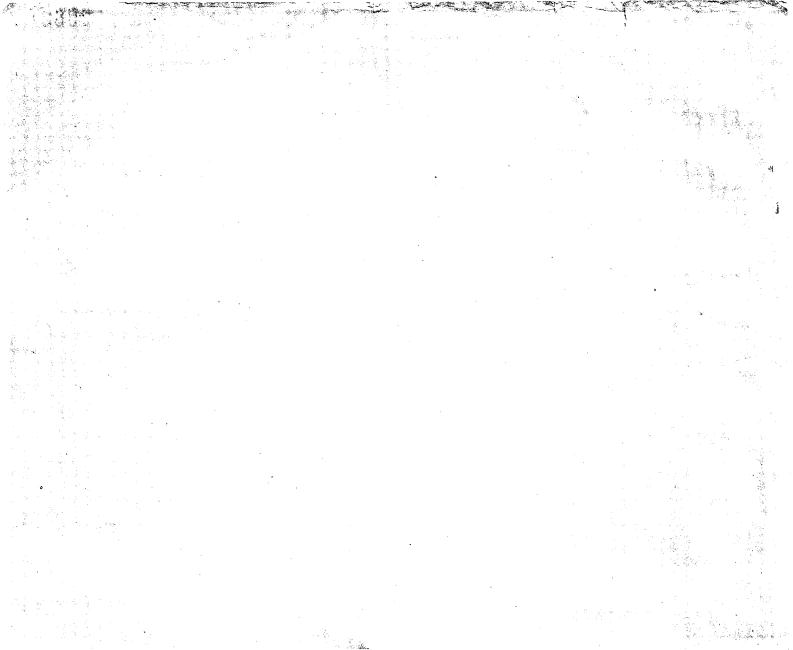
DEPARTMENT OF PUBLIC WELVARD—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS APR 3 1940

State of Washington			AFFI	DAVIT	
County of Lewis	,	when s	ccompany a certific such certificate is n ing physician or mi	ot attested by sign	
Lynn A. Sch	afer	·····	being	first duly sworn s	says that
she is the mother (Relationship of c	of	Lenna Gra	y Rainey		
born August 21, 1880 (Date of birth)	•	t Mount	; Idaho		, Idaho,
whose certificate of birth is hereto attached recorded under Chapter 139—1937 Session	Laws of Idabo; and	l affiant furthe	r states that the fa	cts contained in the	e certifi-
cate of birth of the said		•			
Affiant further states that	John Morris			, M. D.,	was the
medical attendant at the birth of said					
the said medical attendent is	deceased			····	
	Name of Affiant	Lynne	-A Sch	Are	······································
	P. O. Address R.	F. D. #3	2, Chehalis,	Washingto	n
Subscribed and sworn to before me the	his. 30 L	day of/	March	<i></i>	, 19.40
			ausa !	Motary	Public.
- -	F	Residing at	Chehalis, W	ashington	XXXXXX

^{*} If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affidat, as brother, sister, cousin, etc.



Sec. 1. 268 PLACE OF BIRTH 37 RECEIVED	STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VIPAL STATISTICS 245212			
No. Jefferson st AUG -1 1940	CERTIFICATE OF BIRTH District NoState File No			
75 2 FULL NAME OF CHILD Imagen Doy	ration District No. Local Registrar's No.			
Z, d 3. Sex 9 If plural 4. Twin, triplet, or other 6. I births 5. Number, in order of birth 1	Full term mate? Hes (Month, Day, Year)			
9. Full FATHER name don't some data abode) 10. Residence (usual place of abode)	18. Full MOTHER maiden name levada Clifton 19. Residence (usual place of abode)			
(If non-resident, give place and State) 11. Color or race. Mail 12. Age at last birthday 43 (years 13. Birthplace (city or place).	(If non-resident, give place and State)			
(State or Country) 14. Trade, profession, or particular kind of work done, as spinger, sawyer, bookkeeper, etc. 15. Industry or business in which trade work was a silk mill	(State or Country) 23. Trade, profession, or particular kind			
17. Total time (years) spent	5 Date (month and year)			
27. What prophylactic was used to prevent Ophthalmia Neonatorum?				
last engaged in this work 27. What prophylactic was used to prevent Ophthalmia Neons 28. Number of children of this mother 29. If stillborn, (At time of this birth (a) Born alive and not months	and including this child) § w living (b) Born alive but now dead (c) Stillborn			
29. If stillborn, months period of gestation or weeks	30. Cause of Stillbirth Before labor During labor			
SH ** II	G PHYSICIAN OR MIDWIFE as at m. on the date above stated. (Born Alive or Stillborn)			
To thindwise, then the latter, householder, etc.,	Signed), M. D.			
Give name added from	, Midwife			
日日 a supplemental report	iled Que 1, 19340 Mar & aturod			
Registrar.	Begistrar.			



STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH **BUREAU OF VITAL STATISTICS**

State of Cano	AFFIDAVIT Ss. (To accompany a certificate of an unreported birth
County of Coll	when such certificate is not attested by signature of attending physician or midwife.)
is the marken of	Maleslenheing first duly sworn says that
(Relationship of child)* born 9-24-1880 (Date of birth)	at Baisl Illaho, Idaho,
	desires to have the said birth nd affiant further states that the facts contained in the certifi-
cate of birth of the said	***************************************
	hereto attached are true and correct
as stated therein, and that this birth has not been previously	
Affiant further states that	, M. D., was the Midwife
medical attendant at the birth of said	and that
the said medical attendant is	· · · · · · · · · · · · · · · · · · ·
	(Now deceased (or) cannot be located)
Name of Affiant	(Now deceased (or) cannot be located)
	Now deceased (or) cannot be located) Ada N. M. C. allester
Name of Affiant P. O. Address	(Now deceased (or) cannot be located) Ada N. (M. C. alliester) Baise Solats.
Name of Affiant	Now deceased (or) cannot be located) Ada N. M. Callister Baire Sclabs. day of July 19 4
Name of Affiant P. O. Address	(Now deceased (or) cannot be located) Ada N. (M. C. alliester) Baire Solals.

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	815	102 044-	845			in the second second	େ	302 886	
ate ng .	United S	tates ent of Commerc	(Be s			date of birth of	THIS child)	State File No	302886
zi:		of the Census		CER		OF BIRTH)
rti			DEC 7	1940	STATE OF	IDAHO)
certificate. Mail COMPLETED certificate Boise, Idaho, for filing. No charge for filing. coin.	(a) C (c) S (d) N (e) M	treet Address of Idame of Hospita Iother's stay BI in Hosp. or Mat. in THIS county.	r RA.D Nol or Maternit	City. W. L. y Home: ery: days.		(a) State (c) City (d) Street A (e) How lon	ddress or R.F.I g has MOTHE mailing addre	(b) County	10?yrs.
Mail o, for f		L NAME/		Dyhe !	annah f so-born	fr	5. Date of Bi (Month, day		-0 1581
ate. Iah	6. Sex.	Male "	Triplet 2		st, 2nd, 3rd		months regnancy	9. Legiti	imate?
his certifice cs, Boise, Ic		ie Henry ace What	d of '	at time THIS birth.	annal Syrs.	Race	any Gill	18. Age at time THIS birth	yearsyears
ompleting ti Ital Statisti noney order	14. Exac Occu 15. Indu	pation <i>A.T. D</i>	NAMANA NAMANA	(State of forei		21. Industry or	(City or foyy)	ullwif	L
ibbon in curedu of V fty cents,	22. Name 23. Num (c) B	e prophylactic ber of children orn alive and n	used to prev of this moth ow dead	ent Ophthaln er: (a) At tim (d) Stillbon	nia Neonatoru le of birth and n	nincluding this ch	ild .(b) B	orn alive and n	now living.
ewriter r State Br vent of fi	and a relate	at the place stated to this child a	ed above, an	d that person	al particulars	who was (born all were furnished b	ra offilhawal		
ord typ stage to ice payn	26. (a) 27. Given	Dec. 7, 194 (Date received) n name about c	o (b)	Mae G. At (Registres's at	tietics	25. Attendant's OWN signal and address		(I).O., Midwife, etc.)
LACK Rec CLASS po s an advan	State of	$I \mathcal{D}$	jon D Ka	}ss.	A	FFIDAVIT To be OT LIVING or C	ANNÒT BE L		nt at birth is
CK Ink or Blaring FIRST copy requires	• • •	(///	h certificate about desire to have to the best	mmakas ve) ave the said of my know	(State birth recorded ledge. I further	y sworn, say the relationship or acquired that chapter state that	aintance) 139, 1937 Sessi (Name of attenti	on haws; and the birth)	oirth certificate
Use only BLACK l in envelope bearing Each certified copy		cribed and swo	ed (or) Cannot	be located)	gle	of Lee	dwell amber , residing at	Ada 1940	

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Department of Commerce Bureau of the Census DEG 2 0 1940	certificate STATE OF		State File N304273 Local Reg. No
United States Department of Commerce Bureau of the Census 1. PLACE OF PIRTH: (a) County A. C. (b) City (c) Street Address or R. F.D. No	ne:	(a) State	(b) County
4. FULL NAME Mary Ellen 7. Twin or	I Bast If so—born		irth y, year) Dec. 27,188
6. Sex. F 7. Twin or Triplet	1st, 2nd, 3rd	8. No. months of Pregnancy	9. Legitimate? Yes
FATHER OF CHILD 10. FULL NAME Jacob H. Bast 11. Color white 12. Age at till or Race white 7. Age at 12. Age at 12. Age at 13. Age at 14. Age a	me birth31yrs.		ugusta Baatz 18. Age at time of 23 years
or Race of THIS 13. Birthplace Sheboygan, Wisc (City or town) 14. Exact Occupation Farmer 15. Industry or Business 22. Name prophylactic used to prevent O		21. Industry or Business	wife
22. Name prophylactic used to prevent O 23. Number of children of this mother: (a) (c) Born alive and now dead	phthalmia Neonatorur At time of birth and Stillborn	munknown including this child(b) F	Born alive and now living
\$			
24. I HEREBY CERTIFY That I attended and at the place stated above, and that related to this child as(Mother	the birth of this child, t personal particulars	who wasat	
and at the place stated above, and that related to this child as	the birth of this child, t personal particulars	who wasat (born alive, stillborn) were furnished by(Fir	
and at the place stated above, and that related to this child as. 26. (a) Dec. 20, 1940 (pate received) of Vital (see State of Washington)	the birth of this child, t personal particulars G. Atwood G. Atwood Registrar's signature) A. N. Oullanger	who wasat (born alive, stillborn) were furnished by(Fin 25. Attendant's OWN signature and address FFIDAVIT To be completed w OT LIVING or CANNOT BE L	
24. I HEREBY CERTIFY That I attended and at the place stated above, and that related to this child as. 26. (a) Dec. 20, 1940 (b) Mae 27. Given name added on by State of Washington County of Snohomish I Clara Caroline Bo (Name of person on certificate above) appears above, and that I desire to have the	the birth of this child, t personal particulars G. Atwood Tristics Registrar's signature) Ss. N Oulanger Ulanger Gistate he said birth recorded y knowledge. I further	who wasat (born alive, stillborn) were furnished by 25. Attendant's OWN signature and address FFIDAVIT To be completed w. OT LIVING or CANNOT BE L. by sworn, say that I am relationship or acquaintance) under Chapter 139, 1937 Sess state that(Name of attender) (Name of attender) (Name of attender) (Name of attender)	
and at the place stated above, and that related to this child as. 26. (a) Dec. 20, 1940 (b) Mae 27. Given name added on by State of Mashington County of Snohomish I. Clara Caroline Bo Mary Ellen Bot (Name of person on certificate above) appears above, and that I desire to have the contained therein are true to the best of me said birth.	the birth of this child, t personal particulars G. Atwood G. Atwood Registrar's signature) SS. N. Oulanger Ulanger Ulanger State he said birth recorded y knowledge. I further and that this birth ted)	who wasat	

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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De	epartment of Commerce	s of date of birth of THIS child) TE OF BIRTH	State File No. 30459 Local Reg. No.
Ðu	The state of the s	OF IDAHO	Reg. Dist. No.
1.	PLACE OF BIRTH: (a) County // 100 / City / 1 / 10 / (c) Street Address or R.F.D. No	(a) State At 10 (c) City At 10 (d) Street Address or R.F.I. (e) How long has MOTHE! (f) Mother's mailing addre	OTHER: (At time of this birt
4.	FULL NAME GAMES Loette Hyatt		
	7. Twin or If so—born Triplet 1st. 2nd. 3r	8. No. months	mo. 9. Legitimate? /e S
10. 11.	FATHER OF CHILD FULL 4/a //y à / t Color or Race White of THIS birth 3/ yrs.		OF CHILD
14.	Birthplace Labett Co. Kansas. (City or town) (State or foreign country) Locupation Labeten Industry or Business	19. Birthplace (City or town) 20. Exact Occupation Hoose 21. Industry or Business	(State or foreign country
		1 Dusiness	
	Name prophylactic used to prevent Ophthalmia Neonatorum. Number of children of this mother: (a) At time of birth and (c) Born alive and now dead (d) Stillborn I HEREBY CERTIFY That I attended the birth of this child	d including this child	t 4. P M on the d
24. 26.	(c) Born alive and now dead (d) Stillborn I HEREBY CERTIFY That I attended the birth of this child and at the place stated above, and that personal particulars related to this child as 10.01 A C C (Mother, 15) (Mother, 15) (Mother, 15) (Bridger, Act (Date received) (Registrar's signature)	d including this child	A/Zada Ca////who
24. 26.	(c) Born alive and now dead (d) Stillborn I HEREBY CERTIFY That I attended the birth of this child and at the place stated above, and that personal particulars related to this child as not form (Mother action (Date received) (b) Clyde Bridger, Act (Registrar's signature) Given name added on by (Registrar's signature)	d including this child	A/Zada Ca////who name) (Last name)
24. 26. 27.	(c) Born alive and now dead (d) Stillborn I HEREBY CERTIFY That I attended the birth of this child and at the place stated above, and that personal particulars related to this child as 10.01 A C C (Mother, 15) (Mother, 15) (Mother, 15) (Bridger, Act (Date received) (Registrar's signature)	d including this child	A/Z a d a CA////who hame) (Last name) (D.O., Midwife, e Date
24. 26. 27. Sta	(c) Born alive and now dead (d) Stillborn I HEREBY CERTIFY That I attended the birth of this child and at the place stated above, and that personal particulars related to this child as N. 21 / 2 / (Mother, as	d including this child	(D.O., Midwife, on the department of the control of
24. 26. 27. Sta Co G app	(c) Born alive and now dead (d) Stillborn I HEREBY CERTIFY That I attended the birth of this child and at the place stated above, and that personal particulars related to this child as 10.21 (Mother, attended to the signature) (Registrar's signature)	d including this child	(D.O., Midwife, on the department of the control of
24. 26. 27. Sta Co G app	(c) Born alive and now dead (d) Stillborn I HEREBY CERTIFY That I attended the birth of this child and at the place stated above, and that personal particulars related to this child as 10.21.22. (Mother, 12.22.22.22.22.22.22.22.22.22.22.22.22.2	d including this child	(D.O., Midwife, e Date when the attendant at birth NNOT BE LOCATED. Clated to (or) acquainted with) whose birth certific Laws; and that the facts contact the contact that the facts contact the contact that the facts contact the facts contact the fac
24. 26. 27. Sta Co G app	(c) Born alive and now dead (d) Stillborn I HEREBY CERTIFY That I attended the birth of this child and at the place stated above, and that personal particulars related to this child as 10.21.22. (Mother, 12.22.22.22.22.22.22.22.22.22.22.22.22.2	d including this child	(D.O., Midwife, on the department of the control of

(1937 Session Laws, Chapter 139, Section 4)

	466-105-001-769		A CONTRACTOR OF THE CONTRACTOR
	United States Department of Commerce (Be sure the information is as	of date of birth of THIS child) E OF BIRTH	State File No. 307842.
1 T		F IDAHO	Reg. Dist. No
COMPLETED certificate in filing. No charge for filing.	1. PLACE OF BIRTH: (a) County (b) City Horse Shor Bang (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home	(a) State Jdaho (c) City Hrm Cha I (d) Street Address or R.F.D. (e) How long has MOTHER	OTHER: (At time of this birth) (b) County No lived in Idaho?
Mail for 1	4. FULL NAME Fred Tolloore 7. Twin or If so—born	5. Date of Bi (Month, da 8. No. months	rth y, year) July 5 18.80
è,	6. Sex Male Triplet / 1st, 2nd, 3rd		9. Legitimate? 400
certificat Boise, Ids or coin.	10. FULL John Stone T. Moord 11. Color White 12. Age at time or Race white of THIS birth 31 yrs.	16. FULL MAIDEN NAME 17. Color	18. Age at time
empleting this call statistics, Beautiful money order or	or Race White of THIS birth 3 yrs. 13. Birthplace Gitton Man (State or foreign country) 14. Exact Occupation Farmus 15. Industry or Business	or Race Whits 19. Birthplace City or town) 20. Exact (City or town) Occupation Huns 21. Industry or Business	(State or foreign country)
on in con virtue of Virtue vir	 22. Name prophylactic used to prevent Ophthalmia Neonatorum. 23. Number of children of this mother: (a) At time of birth and (c) Born alive and now dead (d) Stillborn 	l including this child	forn alive and now living
rd typewriter ribboge to State Bureauce payment of fifty	24. I HEREBY CERTIFY That I attended the birth of this child, and at the place stated above, and that personal particulars related to this child as (Mother charge) (Bother electric (B)	who wasat	
ACK Reco ASS posta an advan	State of Avigoral Ss. County of Marie Pa Ss.	AFFIDAVIT To be completed NOT LIVING or CAN	when the attendant at birth is NOT BE LOCATED.
k or BL/ RST-CL/ requires	(Name of person on certificate above) (Strappears above, and that I desire to have the said birth recorded	Mother (1) the relationship or acquaintance) under Chapter 139, 1937 Session	Related to (or) acquainted with), whose birth certificate Laws; and that the facts con-
Use only BLACK In envelope bearing FI Each certified copy	fained therein are true to the best of my knowledge. I further said birth Dead and that this bir (Is now deceased (or) cannot be located)	th has not been previously record	ed.
ope bec	12/5	eleste & Moore	P. O. Address
Use (envel		ofNotary Public, residing at	mesa any

(1937 Session Laws, Chapter 139, Section 4)

United States Department of Commerce			of date of birth of THIS child)		30800
Bureau of the Census		CERTIFICATI		Local Reg.	No
	FEB 2 2 1 A.I	STATE O	F IDAHO	Reg. Dist. N	٠
1. PLACE OF BIRTH:	(b) City	-	2. USUAL RESIDENCE of M (a) State Idaho		time of this bir Nez Pere
(c) Street Address or R (d) Name of Hospital of N	or Maternity Home:		(a) State Idano now Latah. (c) City (d) Street Address or R.F.I	•	
(e) Mother's stay BEF In Hosp, or Mat. H	ORE delivery:	***************************************	(e) How long has MOTHE (f) Mother's mailing addre	R lived in_Idal	10?
In THIS county	years mont	h days.	3. RESIDENCE of FATHER	(city, state):	Dood
4. FULL NAME OF CHILD	ie Dues	nell Ha	5. Date of E (Month, d	Sirth lay, year) Ap	r.6,1880
6. Sex Fumale	7. Twin or Triplet No	If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy	9 9. Le	gitimate? Ye
	ER OF CHILD			OF CHILD	
10. FULL Ebenezer	B. Harrison	1	16. FULL MAIDEN Amelia	Jane Sh	earer
or Race White	12. Age at time of THIS birti	h 41yrs.	or Race White	of THIS	ne oirth38
13. Birthplace Do not	know. Virgi	nia	19. Birthplace Oceola (City or town)	, Iowa	ov foreign open
14. Exact Occupation Far					
15 Industry or			Occupation House 21. Industry or Business Non		***************************************
Business Non	(6	alter i	Business Non	10	
22. Name prophylactic used	d to prevent Ophthali	mia Neonatorum	including this child 8 (h)	Rorn alive and	now living 6
(c) Born alive and now	dead 2 (d) Sti	liborn None	including this child. 8 (b) I		
24. I HEREBY CERTIFY and at the place stated	That I attended the backers, and that per	oirth of this child, sonal particulars			
24. I HEREBY CERTIFY and at the place stated related to this child as	That I attended the k above, and that pers	oirth of this child, sonal particulars			
24. I HEREBY CERTIFY and at the place stated related to this child as. FEB 25 1941	That I attended the k above, and that personal (Mother etc.)	oirth of this child, sonal particulars	who was	name) (Last nam	M. on the d
24. I HEREBY CERTIFY and at the place stated related to this child as. 26. (a) (Date received)	That I attended the k above, and that pers (Mothey, etc.) (b) (Clade (Registration))	pirth of this child, sonal particulars	who was	name) (Last nam	M. on the d
24. I HEREBY CERTIFY and at the place stated related to this child as. 26. (a) (Date received)	That I attended the k above, and that pers (Mothey, etc.) (b) (Clade (Registration))	pirth of this child, sonal particulars	who was	name) (Last nam	M. on the d
(c) Born alive and now 24. I HEREBY CERTIFY and at the place stated related to this child as [FEB 25 194] 26. (a) [Date received] 27. Given name added on State of Idaho	That I attended the k above, and that personal (Mother etc.) (b) (Registromby (Reg	pirth of this child, sonal particulars	who was	name) (Last name)	M. on the d
(c) Born alive and now 24. I HEREBY CERTIFY and at the place stated related to this child as [FEB 25 194] (Date received) 27. Given name added on State of Idaho	That I attended the k above, and that personal (Mother etc.) (b) (Registromby (Reg	pirth of this child, sonal particulars	who was	name) (Last name) D I when the atte	(D.O., Midwife, wate
(c) Born alive and now 24. I HEREBY CERTIFY and at the place stated related to this child as [FEB 25 94] 26. (a) (Date received) 27. Given name added on State of Idaho County of Latah	dead 2 (d) Sti That I attended the k above, and that pers (Mother etc.) (b) (Regist) (Regist) (Regist) (Ss.	pirth of this child, sonal particulars Tar's signature)	who was	name) (Last name) D I when the attention of the control of the c	(D.O., Midwife, eate
24. I HEREBY CERTIFY and at the place stated related to this child as [FEB 25 94] [Oate received] 26. (a) [Oate received] 27. Given name added on [Oate of Idaho] County of Latah Hattie Si	That I attended the k above, and that pers (Mothey etc.) (b) (August) (Regist) (Regist) (Ss.	pointh of this child, sonal particulars Tar's signature) Tar's signature)	who was	D when the att	(D.O., Midwife, wate
24. I HEREBY CERTIFY and at the place stated related to this child as [FEB 25 94] [Oate received] 27. Given name added on [State of	That I attended the k above, and that pers (Mothey etc.) (b) (August) (Regist) (Regist) (Ss.	pointh of this child, sonal particulars Tar's signature) Tar's signature)	who was	D when the att	(D.O., Midwife, eate
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and at the place stated related to this child as. 26. (a) FEB 25 1941 (Date received) 27. Given name added on State of Idaho County of Iatah I, Hattle Si Jessie Que (Name of person on cappears above, and that I cappears above and that I cappears added to the said birth Is now	That I attended the k above, and that personal (Mothey etc.) (Mothey etc.) (Registration of the second of the se	pointh of this child, sonal particulars ar's signature) rar's signature) rar's signature (State of the coorded ledge. I further	who was	D when the att. NNOT BE LO (Related to (or) s , whose Laws; and the	(D.O., Midwife, vate endant at birth CATED.
and at the place stated related to this child as. 26. (a) FEB 25 1941 (Date received) 27. Given name added on State of Idaho County of Iatah I, Hattle Si Jessie Que (Name of person on cappears above, and that I cained therein are true for said birth Is now	That I attended the k above, and that personal individual in the second state of my know the second state of my kn	pointh of this child, sonal particulars ar's signature) rar's signature) rar's signature (State of the signature) (State of the signature	who was	D when the att. NNOT BE LO (Related to (or) s , whose Laws; and the	(D.O., Midwife, ate endant at birth CATED. equainted with) se birth certific at the facts c
and at the place stated related to this child as. 26. (a) FEB 25 1941 (Date received) 27. Given name added on State of Idaho County of Iatah I, Hattle Si Jessie Que (Name of person on cappears above, and that I cained therein are true for said birth Is now	That I attended the k above, and that personal (Mothey etc.) (Mothey etc.) (Registration of the second of the se	pointh of this child, sonal particulars ar's signature) rar's signature) rar's signature (State of the signature) (State of the signature	who was	D when the att. NNOT BE LO Colated (Related to (or) s , whose Laws; and the	(D.O., Midwife, sate endant at birth CATED. equainted with) se birth certific at the facts community, who attended to the community of the community of the certific at the facts community.
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and at the place stated related to this child as. 26. (a) FEB 25 1941 (Date received) 27. Given name added on State of Idaho County of Iatah I, Hattle Si Jessie Que (Name of person on cappears above, and that I cained therein are true for said birth Is now	That I attended the k above, and that personal (Mother etc.) (Mother etc.) (Regist by (Regist Ss Vey Sns	pointh of this child, sonal particulars ar's signature) rar's signature) rar's signature (State of the signature) (State of the signature	who was	D when the att. NNOT BE LO Colated (Related to (or) s , whose Laws; and the	(D.O., Midwife, or ate endant at birth CATED. Acquainted with) se birth certific at the facts community, who attended to the community of the community of the certific at the facts community.

(1937 Session Laws, Chapter 139, Section 4)

18 day of ____ March Subscribed and sworn to before me on this Notary Public, residing at Anacortes, Wash. (SEAL)

(1937 Session Laws, Chapter 139, Section 4)

291-121 040-964 313385 United States (Be sube the information is as of date of birth of THIS child) State File No..... Department of Commerce CERTIFICATE OF BIRTH Local Reg. No. Bureau of Census Reg. Dist. No.____ STATE OF IDAHO 2. USUAL RESIDENCE of MOTHER (At time of this birth) 1. PLACE OF BIRTH (a) County Shoshone (b) City LANE (a) State Idaho (b) County Sheshoxe (c) Street Address or R.F.D. No. (c) City Lane (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? 40 vrs. (e) Mother's stay BEFORE delivery: (f) Mother's mailing address 123 N Acacia In Hosp, or Mat. Home.....days. 3. RESIDENCE of FATHER (city, state) 6/enda/e Calik IN THIS county 2 years - month -4. FULL NAME Patrick 5. Date of Birth (Month, day, year) Mar, 21, 1880 7. Twin or If so-born 8. No. months 9. Legitimate? Ves 6. Sex Male 1st, 2nd, 3rd of Pregnancy Triplet FATHER OF CHILD MOTHER OF CHILD 16. FULL MAIDEN Alice Elizabeth Roden 10. **FULL** Patrick Bradr NAME 11. Color 12. Age at time 17 Color 18. Age at time of THIS birth 34 vrs or Race or Race of THIS birth 19 13. Birthplace G/vscow Scotland 19. Birthplace Benson Minnesoto (City or town) (State or foreign country) (City or town) (State or foreign country) 14. Exact 20. Exact Store Keeper Occupation Nousewife Occupation..... 15. Industry or 21. Industry or Merchandice Business Business 22. Name prophylactic used to prevent Ophthalmia Neonatorum. 23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 7 (c) Born alive and now dead (d) Stillborn 24. I HEREBY CERTIFY That I attended the birth of this child, who was.....M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by related 15 4 his blid as (First name) (Last name) (Mother, etc.) 26. (a) Juna received) 25. Attendant's Registrar's signatur OWN signature ...by..... (Registrar's signature) (D.O., Midwife, etc.) 27. Given name added on..... and address Date State of... AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED. being first duly sworn@say that I am... (Related to (or) acquainted with) whose birth certificate (Name of person on certificate above) (State relationship or acquaintance) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Many Reach, who attended (Name of attendant at birth) only BLAC in envelope filing. Each said birth 15 now deceased and that this bigth has not been previously recorded. (Is now deceased (or) cannot be located) ...Signature WestacraP. O. Address Subscribed and sworn to before me on this..... Notary Public, residing at Wee

(1937 Session Laws, Chapter 139, Section 4)

Σ	719-128-036-236 GEIVED	21250
certifi- charge		of date of birth of TMIS child) State File No. 313569
	Department of Commerce JUN 1 6 1941 CERTIFICAT. Bureau of Census STATE O	F IDAHO Reg. Dist. No
i COMPLETED ho, for filing. No	1. PLACE OF BIRTH (a) County Uneida (b) City Marsh Valle (c) Street Address or R.F.D. No (d) Name of Hospital or Maternity Home: At her own Home (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home	(c) City Marsh Valley, 1d8no (d) Street Address or R.F.D. No
te. Mail C se, Idaho, or coin.	IN THIS county years month days 4. FULL NAME OF CHILD James Joseph Harder	3. RESIDENCE of FATHER (city, state) same 5. Date of Birth (Month, day, year) Nay 28, 1880
~	7. Twin or If so—born 6. Sex Male Triplet 1st, 2nd, 3rd	8. No. months
ertific is, Bo order	FATHER OF CHILD	MOTHER OF CHILD
s ce stic	10. FULL NAME John Harder	16. FULL MAIDEN Sarah Matilda Stowe
this contactions that the thick the	11. Color white 12. Age at time or Race of THIS birth yrs.	17 Color white 18. Age at time of THIS birth. 3I yrs.
ting al S ts,	13. Birthplace Woodstock, Illinois	19. Birthplace Council Bluff, Iowa
pletin Vital cents,	(City or town) (State or foreign country)	(City or town) (State or foreign country)
ft of in	Occupation Farmer	Occupation House Wile
in ceau	15. Industry or Farming Business	21. Industry or Business House work
Bur nt c	22. Name prophylactic used to prevent Ophthalmia Neonatorum	none
ribb ate yme	23. Number of children of this mother: (a) At time of birth ar (c) Born alive and now dead none(d) Stillborn	nd including this child (b) Born alive and now living 2
ter ribb State payme	23. Number of children of this mother: (a) At time of birth ar (c) Born alive and now dead none(d) Stillborn none 24. I HEREBY CERTIFY That I attended the birth of this of	thild, who wasatM. on the date
writer ribb e to State nce payme	23. Number of children of this mother: (a) At time of birth ar (c) Born alive and now dead none(d) Stillborn none 24. I HEREBY CERTIFY That I attended the birth of this of the place stated above, and that personal particular	child, who wasatM. on the date (born alive, stillborn)
ypewriter ribb tage to State dvance payme	23. Number of children of this mother: (a) At time of birth ar (c) Born alive and now dead none(d) Stillborn none 24. I HEREBY CERTIFY That I attended the birth of this of this children and at the place stated above, and that personal particular related to this children as (Mother etc.)	thild, who wasatM. on the date
ed typewriter ribb postage to State n advance payme	23. Number of children of this mother: (a) At time of birth ar (c) Born alive and now dead none(d) Stillborn none 24. I HEREBY CERTIFY That I attended the birth of this contact the place stated above, and that personal particular related to this child as (Motter, etc.) 26. (a) (b) (b) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	child, who wasat
ecord typewriter ribbon in com SS postage to State Bureau of ss an advance payment of fifty	27. Given name added on by	child, who wasatM. on the date (born alive, stillborn) rs were furnished by(First name) (Last name) 25. Attendant'sM.D. (D.O., Midwife, etc.)
K Record typewriter ribb LASS postage to State uires an advance payme	27. Given name added onby	child, who wasat
LACK Record typewriter ribb RST-CLASS postage to State w requires an advance payme	27. Given name added on by (Registrar's signature) State of Idaho Lincoln State of Lincoln	child, who wasatM. on the date (born alive, stillborn) rs were furnished by(First name) (Last name) 25. Attendant'sM.D. (D.O., Midwife, etc.)
BLACK Record typewriter ribb FIRST-CLASS postage to State copy requires an advance payme	27. Given name added on by (Registrar's signature) State of Idaho Lincoln State of Lincoln	child, who wasatM. on the date (born alive, stillborn) rs were furnished by(First name) (Last name) , who is 25. Attendant'sM.D. (D.O., Midwife, etc.) and addressDate AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.
k or BLACK Record typewriter ribb ng FIRST-CLASS postage to State ied copy requires an advance payme	27. Given name added on by (Registrar's signature) State of Idaho County of Lincoln I. Wrs. Rya Hubbard , being first of James Joseph Harder as Signature	child, who wasat
Ink or BLACK Recogaring FIRST-CLASS	State of Idaho County of Lincoln I, Mrs. Eva Hubbard , being first of Sappears above, and that I desire to have the said birth record tained therein are true to the best of my knowledge. I further	child, who wasatM. on the date (born alive, stillborn) rs were furnished by
Ink or BLACK Recogaring FIRST-CLASS	State of Idaho County of Lincoln I, Mrs. Eva Hubbard , being first of State of Person on certificate above) (Name of person on certificate above) (Sappears above, and that I desire to have the said birth record tained therein are true to the best of my knowledge. I further said birth Is now Deceased and that the	child, who wasat
BLACK Ink or BLACK Receivelope bearing FIRST-CLASS	State of Idaho County of Lincoln I, Mrs. Eva Hubbard , being first of State of Person on certificate above) (Name of person on certificate above) (Sappears above, and that I desire to have the said birth record tained therein are true to the best of my knowledge. I further said birth Is now Deceased and that the	child, who was at M. on the date (born alive, stillborn) rs were furnished by (First name) (Last name) AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED. duly sworn, say that I am Related to (Related to (or) acquainted with) ter (Name of attendant at birth) (Signature P. O. Address)
only BLACK Ink or BLACK Reccin edvelope bearing FIRST-CLASS	State of Idaho County of Lincoln State of Lincoln I. Mrs. Eva Hubbard , being first of the content of the con	child, who wasat
BLACK Ink or BLACK Receivelope bearing FIRST-CLASS	State of Idaho County of Lincoln I. Mrs. kva Hubbard , being first of State of Lincoln I. Mrs. kva Hubbard , being first of State of Person on certificate above) (State of	child, who wasat

(1937 Session Laws, Chapter 139, Section 4)

315494 State File No. 31540 (Be sure the information is as of date of birth of THIS child) Department of Commerce Bureau of the Census CERTIFICATE OF BIRTH Local Reg. No..... STATE OF IDAHO Reg. Dist. No..... 1. PLACE OF BIRTH: USUAL RESIDENCE of MOTHER: (At time of this birth) (b) City NEA R (a) County ADA DA 4 6 (b) County A DA (c) Street Address or R.F.D. No. (c) City (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No. AFF EMME ONE (e) Mother's stay BEFORE delivery: (e) How long has MOTHER lived in Idaho? In Hosp. or Mat. Home / / / Kays. (f) Mother's mailing address EMMETT In THIS county 3 years 3. RESIDENCE of FATHER (city, state). EMM ETT. JOAN month davs. 4. FULL NAME 7 5. Date of Birth NSSELL (Month, day, year) Lee. 2 OF CHILD If so-born 7. Twin or 8. No. months 6. Sex Triplet 1st. 2nd. 3rd of Pregnancy 9. Legitimate? MOTHER OF CHILD FATHER OF CHILD 10. FULL 16. FULL MAIDEN NAME MAT Color Age at time 17. Color 18. Age at time or Race THIS birth of THIS birth ST GrOVE EDERE 19. Birthplace . (State or foreign country) (State or foreign country) 14. Exact 20. Exact Occupation .. Occupation . 15. Industry or 21. Industry or ONSEWIFE ABORER Business Business ONE Name prophylactic used to prevent Ophthalmia Neonatorum Number of children of this mother: (a) At time of birth and including this child. (b) Born alive and now living. (c) Born alive and now dead NONE (d) Stillborn NONE 24. I HEREBY CERTIFY That I attended the birth of this child, who was JORIV HLIVE at .M. on the date (born alive, stillborn) and at the place/stated above, and that personal particulars were furnished by ..., who is (First name) (Last name) (Mother, etc.) related to this whild as... (b)..... (Date received (Registrar's signature) OWN signature. (D.O., Midwife, etc.) 27. Oliven name added on by. and address Date (Registrar's signature) AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED. RANKLIN NEED, being first duly sworn, say that I am..... (Related to (or) acquainted with) WELLINGTON NEED as whose birth certificate (Name of person on certificate above) (State relationship of acquaintance) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that MRS JOHN L (Name of attendant at birth) said birth 15 MORE DECEASEO and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)Signature Subscribed and sworn to before me on this (SEAL)

(1937 Session Laws, Chapter 139, Section 4)

249-117-125-142 #3/6966 $_{\mathsf{State}\ \mathsf{File}\ \mathsf{No}} \mathbf{316966}$ (Be sure the information is as of date of birth of THIS child) United States Department of Commerce 11 21 1941 CERTIFICATE OF BIRTH Local Reg. No..... Reg. Dist. No. Bureau of Census COMPLETED for filing. No STATE OF IDAHO 2. USUAL RESIDENCE of MOTHER (At time of this birth) 1. PLACE OF BIRTH (a) State Idaho (b) County Territory (c) City..... (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D.No.... (e) How long has MOTHER lived in Idaho? 10 vrs. (e) Mother's stav BEFORE delivery: (f) Mother's mailing address..... In Hosp, or Mat. Home.....days. 3. RESIDENCE of FATHER (city, state) Territory of IN THIS county years month davs 5. Date of Birth 4 FULL NAME (Month. day year) July 17./1880 Marion Taylor Smith OF CHILD.... 7. Twin or If so-born 8. No. months 6. Sex Male of Pregnancy 9 9. Legitimate? Yes Trip et 1st, 2nd, 3rd FATHER OF CHILD MOTHER OF CHILD 10. FULL 16. FULL MAIDEN Abner Hisen Smith NAME Sarrah Ellen Adkison NAME 18. Age at time 11. Color 12. Age at time 17. Color Color or Race white 12. Age at time of THIS birth 35 yrs. or Race White of THIS birth 30 vrs Oregon 19. Birthplace Buckland, Missouri (City or town) (State or foreign country) (City or town) (State or foreign country) 20. Exact 14. Exact Farmer's wife Farmer Occupation..... Occupation..... 21. Industry or 15 Industry or Business Business Name prophylactic used to prevent Ophthalmia Neonatorum..... 23. Number of children of this mother: (a) At time of birth and including this child. (b) Born alive and now living (c) Born alive and now dead (d) Stillborn 24. I HEREBY CERTIFY That I attended the birth of this child, who was _____at _____M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ______, who is (First name) (Last name) related to this child as..... 26. (a) JUL 21 1941 (b) Mary 12 every 25. Attendant's OWN signal Attendant's M.D. (D.O.,Midwife,etc.) 27. Given name added on.....by.... Date (Registrar's signature) and address State of Idaho AFFIDAVIT To be completed when the attendant at birth is County of Ada NOT LIVING or CANNOT BE LOCATED. I, Frankie Reed , being first duly sworn, say that I am a sister of (Related to (or) acquainted with) (Related to (or) acquainted with) whose birth certificate (Name of person on certificate above)
(State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that an army doctor, who attended (Name of attendant at birth) cannot be located and that this birth has not been previously recorded. Frankie Reed Signature 1002. N. 5-2-5t Boise allap. O. Address (Is now deceased (or) cannot be located) Subscribed and sworn to before me on this 19th day of July 1941 Notary Public, residing at Boise, Idaho. (SEAL)

X-8-41

(1937 Session Laws, Chapter 139, Section 4)

United S	228-00/4 States	(Re sume the	information is as of	date of birth of THIS child)	State File No.319688
Departm	nent of Commerce of the Census	(De suite wite	CERTIFICATE	· ·	Local Reg. No.
Dureau	or the Census	SEP 1 6 1841	STATE OF		Reg. Dist. No.
(a) (ay on b) City le	sldwell	2. USUAL RESIDENCE of MC	OTHER: (At time of this birt
(d) I		or Maternity Home:		(c) City LEWY (d) Street Address or R.F.D. (e) How long has MOTHER	aldwell alla
· I	Mother's stay BEI In Hosp. or Mat. I In THIS county	_	h days.	(e) How long has MOTHER (f) Mother's mailing addres 3. RESIDENCE of FATHER	is calapyration
	L NAME CO	ra Euster		5. Date of Bi (Month, da	rth y, year) May 25/88
6. Sex	Female	7. Twin or Triplet	If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy	9. Legitimate? 4 &
10. FUL NAM 11. Color or Ra	TE LEWIS	12. Age at time of THIS pirt	Leoof h 46 yrs.		of CHILD CLEAN Ma. Integrated Street,
14. Exac	ipation istry or	town) (State or	foreign country)	19. Birthplace (City or town) 20. Exact Occupation 21. Industry or Business	aso Co Ohio
22. Nam 23. Num (c) I	ne prophylactic use ober of children of Born alive and nov	ed to prevent Ophthal ! this mother: (a) At w dead (d) St	mia Neonatorum time of birth and in illborn	ncluding this child	forn alive and now living
	-4 4114-4-	That I attended the dabove, and that per (Mother, etc.)	birth of this child, we sonal particulars we	who was (born alive, stillborn) ere furnished by (First n	
26. (a)	SEP TAGE	(b) 111 avg		-25. Attendant's	
97 Cirro	(Date received) هناها دn name added on.	•	rar's signature)	OWN signature	M. (D.O., Midwife, et
Zi. Givei	n name added on.	(Regist	trar's signature)	and address	Date
State of. County o	IN at a second	ss.	0		when the attendant at birth NNOT BE LOCATED.
I, Z	Isa Corne	Ster Coo	h	uly sworn, say that I am	Related to (br) acquainted with) , whose birth certifics
		desire to have the sa	state) id birth recorded ur	relationship or acquaintance) ider Chapter 139, 1937 Session	Laws: and that the facts co
tained th	th acras	the best of my know	rledge. I further st	ate that (Name of attendant has not been previously record	at birth) , who attend
tained th	th acras	the best of my know	rledge. I further stand that this birth	ate that Western (Name of attendant	at birth) ed. Signatu

....

9-19-4.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

001 1 (Bellium the information is as of date of birth of THIS child) State File No. CERTIFICATE OF BIRTH Department of Commerce Local Reg. No..... Bureau of Census STATE OF IDAHO Reg. Dist. No..... Mail COMPLETEL Idaho, for filing. N 2. USUAL RESIDENCE of MOTHER (At time of this birth) 1. PLACE OF BIRTH (a) County Mez Perce (b) City develor (a) State A class (b) County (c) Street Address or R.F.D. No. (c) City 1 emiles (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho?.....7....yrs. (e) Mother's stay **BEFORE** delivery: (f) Mother's mailing address 17.2 38 August 1. In Hosp. or Mat. Home.....days. 3. RESIDENCE of FATHER (city, state) IN THIS county vears month davs 4. FULL NAME 5. Date of Birth OF CHILD (Month, day year). 7. Twin or 8. No. months Triplet 1st, 2nd, 3rd of Pregnancy 4 9. Legitimate? M FATHER OF CHILD MOTHER OF CHILD 10. FULL 16. FULL MAIDEN NAME NAME 11. Color 12. Age at time 17. Color 18. Age at time of THIS birth. or Race.. of THIS birth... 19. Birthplace (ity or ()wn) (S 13. Birthplace (City or town) (State or foreign country) (State or foreign country) 14. Exact 20. Exact Occupation 15. Industry or 21. Industry or Business Business (c) Born alive and now dead 3 (d) Stillborn 24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by......, who is related to this child as

(a) RET | 1941 (b) Mother, etc.) I | 1 25. Attendant's (Registrar's signature) OWN signature M.D. 27. Given name added on by (Registrar's signature) (D.O..Midwife.etc.) and address Date State of Ch AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED County of Man Louise Moore being first duly sworn, say that I am (Related to (or) acquainted with) upmy as her and whose birth certificate (State relationship or acquaintance) (Name of person on certificate above) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts confained therein are true to the best of my knowledge. I further state that (Name of attendant of birth) said birth and that this birth has not been previously recorded. (Is now deceased (ca) commet be P. O. Address Subscribed and sworn to before me on this 29 dese Notary Public, residing at Portland Os EXP. 8/14/44

(1937 Session Laws, Chapter 139, Section 4)

. <u>.</u> . 9	346-203-04X515	322	904 322904
certifi- charge	United States (Be sure the information is as of	of date of birth of THIS child)	State File No
E G	Department of Commerce CERTIFICAT	E OF BIRTH	Local Reg. No
٥٥	Department of Commerce CT STATE OF STATE OF	F IDAHO	Reg. Dist. No
COMPLETED for filing. No		2. USUAL RESIDENCE of MC	OTHER (At time of this hirth)
E g	1. PLACE OF BIRTH . RF (a) County Dashing Title (16) City Salubria	(a) State Salubria	(b) County Washington
겁띒	(c) Street Address or K.F.D. No	(c) City Idaho	
₹,	(d) Name of Hospital or Maternity Home:	(d) Street Address or R.F.	
္ပည္	(e) Mother's stay BEFORE delivery:	(e) How long has MOTHE	
ᄪᇃᇦᆑ	In Hosp. or Mat. Homedays.	(f) Mother's mailing addre	ess Salubria Ida
Mail (Idaho,	IN THIS county years month days	3. RESIDENCE of FATHER	(city, state)
~ I	4. FULL NAME /	5. Date of Bir	
ate ise	OF CHILD / COLLUL! / ay / hon	Month, d	lay year) May 3 1880
tifical Bois order	7. Twin or If so—born		V V
₩ 3	6. Sex Hemale Triplet 1st, 2nd, 3rd	of Pregnancy	9. Legitimate?
e tic	10. FULL FATHER OF CHILD	16. FULL MAUDEN	OF CHILD
	NAME John homas hompson	NAME Cameline	Maria /an Ryke
# # # #	11. Color 12. Age at time		18. Age at time
eting 7ital cents,	or Race While of THIS birth yrs.	or Race. While	of THIS birth yrs.
completing this certificate. u of Vital Statistics, Boise, fiffy cents, money order or	13. Birthplace Thevada	19. Birthplace	Muchigan
E F	(City or town) (State or foreign country) 14. Exact	(City or town) 20. Exact	(State or foreign country)
comp iu of fifty	Occupation Sarmer	Occupation	se will
a c eau of	15. Industry or	21. Industry or	
4 4 4	Business	Business	
ribbon in co State Bureau payment of fif	22. Name prophylactic used to prevent Ophthalmia Neonators 23. Number of children of this mother: (a) At time of birth and	um	
ribb State paym	(c) Born alive and now dead (d) Stillborn	a including this child.	orn alive and now living
	24. I HEREBY CERTIFY That I attended the birth of this chi	ild. who was form alive at	//30 A-M on the date
8 t ff	and at the place stated above, and that personal particulars	/7 11 12393	
y W.r.	and at the place stated above, and that personal particulars related to this child as	s were furnished by(First n	ame) (Last name)
typewriter postage to advance	Wother, etc.)	0	a -
4 Q 1	26. (a) OCT 24 1841 (b) (Nother, etc.) (Pegistrar's signature)	−25. Attendant's OWN signature &	a & Josnan
D X B	27 Given manageded on hv		(D.S., Midwife, etc.)
BLACK Record typewriter FIRST-CLASS postage to copy requires an advance	27. Given mameradded on by (Registrar's signature)	and address Sauce	Ida Date
# U #	State of	AFFIDAVIT To be completed w	then the attendant at birth is
N H &	County of ss.	NOT LIVING or CAN	
BLA FIRS copy			
EL C	I,, being first	duly sworn, say that I am(Re	lated to (or) acquainted with)
r gr	as	(State relationship or acquaintance)	, whose birth certificate
Ink searii rtific	annears above and that I desire to have the said hirth records	ed under Chapter 139, 1937 Sess	ion Laws and that the facts
ert Seri	contained therein are true to the best of my knowledge. I fur	ther state that	who attended
BLACK rvelope Each of	said birth and that	(Name of attend	ant at birth)
A Color	(Is now deceased (or) cannot be located)		_
y BLACK Ink or envelope bearing ig. Each certified	***************************************		Signature
only in en filing.			
유대표	Subscribed and sworn to before me on thisda	-	•
Use cate for f	(SEAL)	Notary Public, residing	at
₽8 ₩			

(1937 Session Laws, Chapter 139, Section 4)

251-167,036-168 State File No 23319 $_{\{t,t'\}}$ (Beisute the information is as of date of birth of THIS child) ited States bartment of Commerce CERTIFICATE OF BIRTH Local Reg. No. Bureau of Census STATE OF IDAHO Reg. Dist. No..... 2. USUAL RESIDENCE of MOTHER (At time of this birth) 1. PLACE OF BIRTH (a) County Uniteda (b) City Maladeity (a) State C Mola list (b) County Conce of a (c) Street Address or R.F.D. No. (c) City: Malad: (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No. (e) Mother's stay BEFORE delivery: (f) Mother's mailing address.... In Hosp, or Mat. Home.....days. 3. RESIDENCE of FATHER (city, state) IN THIS course vears month davs 4. FULL NAME 5. Date of Birth (Month, day year) Oct 7/880 OF CHILD 7. Twin or If so-born 8. No. months 6. Sex Triplet 1st. 2nd. 3rd of Pregnancy 9. Legitimate? MOTHER OF CHILD FATHER OF CHILD 10. FULL 16. FULL MAIDEN NAME Tannah NAME 11. Color 12. Age at time 17. Color Color or Race White 18. Age at time of THIS birth & b vrs. of THIS birth (State or foreign country) 19. Birthplace 13. Birthplace .. (City or town) (State or foreign country) 20. Exact House Maid Occupation Hauling fright to Montana at Occupation time of this Birth 21. Industry or 15. Industry or **Business** Business 22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child... 3... (b) Born alive and now living... (c) Born alive and now dead / (d) Stillborn (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by....... who is (First name) related to this child as..... OCT 30 1948 26. (a) (Date received) 25. Attendant's Registrar's signature OWN signature M.D. 27. Given name added on by (Registrar's signature) (D.O.,Midwife,etc.) and address Date AFFIDAVIT To be completed when the attendant at birth is State of... NOT LIVING or CANNOT BE LOCATED being first duly sworn, say that I am..... (Related to (or) acquainted with) whose birth certificate (Name of person on certificate above State relationship or acquaintance) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts appears above, and that I desire to have the said birth recorded under the contained therein are true to the best of my knowledge. I further state that the contained therein are true to the best of my knowledge. I further state that the contained therein are true to the best of my knowledge. and that this birth has not been previously recorded. said birth (Is now deceased (or) cannot be located)Notary Public, residing at. (SEAL)

(1937 Session Laws, Chapter 139, Section 4)

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVII TO CORRECT OR AMEND AN C	RIGINAL CERTIFICATE OF BIRTH ORDEATH
State of Montana)	Certificat No323319
County of Karalli ss.	Date Filed
The undersigned does solemnly swear that certain	facts on the certificate of Birth
for alfred Isaac Sears WI	no Boin on Oct. 7-1880
(NAME ON ORIGINAL CERTIFICATE)	(WAS BORN OR DIED) (DATE OF EVENT)
	ere omitted; and that, to the best of his knowledge, the
true facts as shown by	prepared on Dec-10 2-1941, are:
FACTS TO BE CORRECTED FI	ROM
("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.) (AS ON	
name Alfred Isaa	c Sears Elford Isaac Sears
Subscribed and sworn to before me this 2 m.	. (1 • 00
day of January, 19 42	Signed June Shappe
ElareneBrousele	(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RE-
Notary Public, residing at Hamilton, Mont.	CORD: OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
My commission expires 0 20 1990	
(SEAL)	(STREET ADDRESS, CITY, STATE)
State of Mortana)	T OF A SECOND PERSON
	THIS AFFIDAVIT MUST ALSO BE EXECUTED.
County of Raully Ss.	(SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]
that they are true to the best of his knowledge.	knowledge of the corrected facts as set forth above and
Subscribed and sworn to before me this 2	" the of the
day of January, 19 42	Signed A SULLIVER MALLER SIGNATURE OF MY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
Ellardne Brownle	
Notary Public, residing at familion for	
My commission expires Qat 20 = 1944 (SEAL)	(STREET ADDRESS, CITY, STATE)
Received for filing on	Ву
-	(REGISTRAR'S SIGNATURE)

JAN 1 0 1942

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tara da series de la companya de la

863-713-035-265 State File N323851 (Be sure the information is as of date of birth of THIS child) United States CERTIFICATE OF BIRTH Department of Commerce Local Reg. No..... Bureau of Census

1. PLACE OF BIRTH Mail COMPLETED. Reg. Dist. No..... STATE OF IDAHO 2. USUAL RESIDENCE of MOTHER (At time of this birth) (a) County Latah (b) City Moscow (c) Street Address or R.F.D. No. One (a) State...Idaho......(b) County........ (c) City Moscow he perce ifi Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No. One (e) How long has MOTHER lived in Idaho?...two...yrs. 1 (e) Mother's stay **BEFORE** delivery: (f) Mother's mailing address Moscow R-F-D-1
3. RESIDENCE of FATHER (city, state) Moscow Idaho In Hosp. or Mat. Home.....days. IN THIS county two years month days 4. FULL NAME 5. Date of Birth (Month, day year) April 13-1880 of CHILD Laura Louise Holm Person If so-born 8. No. months 7. Twin or 6. Sex female 1st. 2nd. 3rd of Pregnancy 9 mo 9. Legitimate? Triplet single FATHER OF CHILD MOTHER OF CHILD 16 FULL MAIDEN 10. FULL NAME Abraham Holm NAME Justina Swenson 11. Color 12. Age at time 17. Color 18. Age at time or Race white of THIS birth 34 yrs. of THIS birth 37 yrs. or Race...White 13. Birthplace (City or town) (State or foreign country) 19. Birthplace Sweden (State or foreign country) (State or foreign country) 20. Exact 14. Exact Occupation Housewife Occupation farmer 21. Industry or 15. Industry or Business Business (c) Born alive and now dead (d) Stillborn ypewriter pstage to Sadvance p and at the place stated above, and that personal particulars were furnished by (First name) (Last name) related to this child as.

(a) NOV 7 94 (b) (Registrar's signature) 25. Attendant's 26. (a)..... 27. Given name added on.....by...(Registrar's signature) Date and address State of Idaho
County of Nez Perce ss. AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED I, Ida. J. Agrell , being first duly sworn, say that I am related to (or) acquainted with) Laura Louise Holm Benge as her sister (Related to (or) acquainted with) whose birth certificate (State relationship or acquaintence) aly BLACK Ink or I a envelope bearing I ing. Each certified c appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Mes. Lendahl...., who attended (Name of attendant at birth) said birth Tiow deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located) (Is now deceased (or) cannot be located)

John Jarth Signature

Subscribed and sworn to before me on this 10th day of November

John Jarth Signature

Subscribed and sworn to before me on this 10th day of November

John Jarth Signature Costinule Notary Public, residing at Lewiston, Idaho (SEAL)

in the premises.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

	314-214-635-663	
щB,		of date of birth of THIS child) State File No. 324029
certifi charge	United States (Be sure the information is as o	
	Department of Commerce Nov 18 1941 CERTIFICAT Bureau of Census STATE O	
COMPLETED, for filing. No	Bureau of Census STATE O	
E 6	1. PLACE OF BIRTH (a) County (b) City Mean Mascow	2. USUAL RESIDENCE of MOTHER (At time of this birth)
Ää	(c) Street Address or R.F.D. No.	(a) State I daho (b) County The County
¥ ::	(d) Name of Hospital or Maternity Home:	(c) City near "Macow" The Perce
Ŗ.		(d) Street Address or R.F.D. No
_ 3 d	(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Homedays.	(f) Mother's mailing address
Mail Idaho coin	IN THIS county ψ years month days	(f) Mother's mailing address
	A PITT I NIAME	5 Date of Birth
	OF CHILD Della Mae Lamb	(Month, day year) Nov. 14, 1880
tifical , Bois order	7. Twin or If so-born	8. No. months
it %	6. Sex female. Triplet 1st, 2nd, 3rd	
ey tice	10. FULL 1 M	MOTHER OF CHILD 16. FULL MAIDEN 2. A.
this ce tatistic money	NAME John Morrell Lamb	NAME Willetta Nolheter
# ## #	11. Color White 12. Age at time or Race White of THIS birth 39 yrs.	17 Colon A/A . 19 Ago at time
leting Vital S cents,		
	13. Birthplace (City or town) (State or foreign country)	19. Birthplace 7
14 % E	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	20 Frank
15 n 15	Occupation Farmer	Occupation Sousewife
in complured of	15. Industry or Business Farmer	21. Industry or Business Fousiewile
202	Business Farmer 22. Name prophylactic used to prevent Ophthalmia Neonators	
ribbon State Br payment	23. Number of children of this mother: (a) At time of birth and	including this child(b) Born alive and now living?
r ribbo State payme		ml
ᇈᄱᄝ	24. I HEREBY CERTIFY That I attended the birth of this chi	() W 41111 \
ypewriter postage to n advance	and at the place stated above, and that personal particulars	s were furnished by, who is
B G A	related to this child as	(First name) (Last name)
a St 7	26. (a) KOV 18 1941 (b) Wother, etc.) 1 (Registrar's signature)	25. Attendant's
	(Date received) (Registrar's signature)	OWN signature M.D.
10 SS 8	27. Given name added on (Registrar's signature)	(D.O.,Midwife,etc.) and address Dat e
i LA	0/0 0 4	
BLACK Record FIRST-CLASS copy requires a	SS.	AFFIDAVIT To be completed when the attendant at birth is
SIST	County of The Co	NOT LIVING or CANNOT BE LOCATED
BLA FIRS copy	I, Mustigual Langlitum, being first	duly sworn, say that I am The Surface with
HH O	Wella War kant bright as s	(Related to (or) acquainted with) , whose birth certificate
i i i	(Name of person on certificate above)	(State relationship or acquaintance)
Ink or	appears above, and that I desire to have the said birth record contained therein are true to the best of my knowledge. I fur	ther state that Savah Wolfell who attended
Χąς		(Name of attendant at birth)
정말	(Is now deceased (or) cannot be located)	this birth has not been previously recorded.
뭐일곱	Man	T. Dal augoon Signature
Pe e ⊊	1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1	natiche wakl. P. O. Address
e only BLACK e in envelope l filing. Each ce	Subscribed and sworn to before me on thisda	y of Lavenbe 194/
Use cate for f	(SEAL) tentell / Ger	Notary Public, residing at
> 24	<i>*</i>	

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

NOV Z

(1937 Session Laws, Chapter 139, Section 4)

United States (Be sure the information is as	of date of birth of THIS child) State File N327100
Department of Commerce CERTIFICATI	
Bureau of the Census DEC 20 1941 STATE O	
1. PLACE OF BIRTH (All items at time of this birth) (a) County & Shington (b) City. Weiser	2. USUAL RESIDENCE OF MOTHER (At time of this birth)
	(a) State Idaho (b) County Wash.
(c) Street Address or R.F.D. No	(c) City Weiser
(d) Name of Hospital or Maternity Home:	(d) Street Address or R.F.D. No
(e) Mother's stay BEFORE delivery:	(e) How long has MOTHER lived in Idaho? 19 yrs.
IN THIS county years months days	3. RESIDENCE OF FATHER (city, state) Same
4. FULL NAME Charles Alma Volson	5. Date of Birth of Child
of CHILD Charles Alma Kelson	· · · · · · · · · · · · · · · · · · ·
7. Twin or If so—born S. Sex Male Triplet 1st, 2nd, 3rd	8. No. months of Pregnacy 9 9. Legitimate? Yas
FATHER OF CHILD	MOTHER OF CHILD
NAME Soren Kelson	NAMEDorthea Helena Jorgensen
. Color White 12. Age at time 35	17. Color white 18. Age at time 75
or Race White of THIS birth 35 yrs.	or reaconnegation, or ring birthyrs.
Birthplace A3 ISO Denmark (City or town) (State or foreign country)	19. Birthplace Kgodstruk Denmark (City or town) (State or foreign country)
4. Exact Farmon	20. Exact Housewife
Occupation Parimon 5. Industry or	21. Industry or
Business	Business
2 Name prophylactic used to prevent Ophthalmia Neonatorum	
23. Number of children of this mother: (a) At time of birth an	
ATTENDANT'S	
24. I HEREBY CERTIFY That I attended the birth of this ch	(Born alive, stillborn)
and at the place stated above, and that personal particular	s were furnished by, who is
related to this child as	(First name) (Last name)
25. Attendant's (Mother, etc.) M.D.	
OWN signature Midwife	Address Date
ate of Jaho	AFFIDAVIT to be completed when the attendant does not sign
ounty of Sanday	2 in Item 25.
I, the undersigned, being first duly sworn, say that I am the	frother of the person whose name appears
Them A shows that I am many 1/270	at I have known this person for years, and that
Item 4, 200ve, that I am nowyears or age, th	at I have known this person foryears, and that
(First same) (Last name)	s birth
, , , , , , , , , , , , , , , , , , ,	nowledge, and that I desire to have this birth recorded under
Chapter 139, 193? Session Laws.	40 - 11-1
A Committee of the Comm	Signature Signature
- 1 C	Jounes Verry - Kloko P. O. Address
Subscribed and sworn to before me thisday of	December 194
(SEAL) WD72ayle-	Notary Public, residing at many Jarry - Sale
(Note: Perjury is punishable as a felony in Idaho; see Sec.	17-914, Idaho Code Annotated.)
Received for filing on DEC 20 1941	
Received for filing on DEC 20 [94]	by Registrar.

(1937 Session Laws, Chapter 139, Section 4)

	357 200/6 795	of date of hirth of THIS child) State File No. 32793				
9 9		of date of birth of THIS child) State File No.				
envelop certifie	Department of Commerce JAN 5 1942 CERTIFICAT					
	Bureau of the Census STATE O	F IDAHO Reg. Dist. No				
.E -5	1. PLACE OF BIRTH (All items at time of this birth) (a) County	2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State				
ŧ.Ĕ	(d) Name of Hospital or Maternity Home:	(d) Street Address or R.F.D. No.				
8 🚈	(A) 35 M - 1 - 4 1 M					
TED for	(e) Mother's stay BEFORE delivery: IN THIS county 1 years months days	(e) How long has MOTHER lived in Idaho?yrs 3. RESIDENCE OF FATHER (city, state) Albion, Ida.				
Mail COMPLETED certificate ng. No charge for filing. Ea	——————————————————————————————————————	5. Date of Birth of Child (Month, day, year) Dec. 10-1880				
8°	7. Twin or If so—born 1st, 2nd, 3rd	8. No. months of Pregnacy Reg. 9. Legitimate? Yes				
γ A <u>ai</u>	FATHER OF CHILD	MOTHER OF CHILD				
	NAME Nathaniel Leavitt	16. FULL MAIDEN Minerva Pierson				
certificate. aho, for fil	11 Color 12 Age at time	17. Color 18. Age at time 00				
ئِ <u>ٿِ</u>	or Race Wh. of THIS birth 21 vrs.	17. Color Wh. 18. Age at time or Race Wh. of THIS birth 22 yrs 19. Birthplace Willard, Utah				
it o	13. Birthplace Council Bluffs-Iowa	19. Birthplace Wlllard, Utan				
2 4	14. Exact (City or town) (State or foreign country)	20. Exact (State or foreign country)				
this de	Occupation	Occupation				
ë ë .	15. Industry or Business	21. Industry or Business				
₽ Se		1				
4 8 P	22. Name prophylactic used to prevent Ophthalmia Neonatorum					
completing tistics, Boise, ler or coin.	23. Number of children of this mother: (a) At time of birth and including this child					
ta f	ATTENDANT'S CERTIFICATE					
bon tal S	24. I HEREBY CERTIFY That I attended the birth of this ch	(Born alive, stillborn)				
골 > 를	and at the place stated above, and that personal particular	s were furnished by, who is (First name) (Last name)				
ē, o š	related to this child as(Mother, etc.)	Dr. Lucas- deceased				
ari ent	25. Attendant's M.D.					
	OWN signature Midwife	Address Date				
ord ty ate Br	County of Ss.	AFFIDAVIT to be completed when the attendant does not sign in Item 25.				
i se	I, the undersigned, being first duly sworn, say that I am the	MN Matalia to the person whose name appears				
조호	in Item 4, above, that I am nowyears of age, th	(Mother, etc.) At I have known this person for the				
A Se	Tings that I am now my many tars of age, at	hinth 18 deceased I further state that				
Har .	(First name) (Last name)	s birth				
k or SS po	the facts on the certificate above are true to the best of my k Chapter 139, 1937 Session Laws.	nowledge, and that I desire to have this birth recorded under				
₽ ₹₽	~	Albion Tacho				
었는 #		/ ALUIDI 1 100 P.O. Address				
BLACK FIRST-CI	Subscribed and sworn to before me thisday of	Mellentu , 194/				
	(SEAL)	Motary Public, residing at Muy What				
ag rec	(Note: Perjury is punishable as a felony in Idaho; see Sec.					
se sari	Received for filing on JAN 5 1942	by Malul Italian Registrar				
۵ م⊂	Received for filing on JAN 5 1942	by Registrar				
		·				

(1937 Session Laws, Chapter 139, Section 4)

Department of Commerce Bureau of the Census	CERTIFICATE OF I		State File 327948 Local Reg. No Reg. Dist. No
1. PLACE OF BIRTH (All items at time of this (a) CountyNezPerce (b) City (c) Street Address or R.F.D. No		(a) State Idaho (c) City	other (At time of this birth) (b) County Nez Perce F.D. No
4. FULL NAME Mary O. Chambers (Ne		5. Date of E (Month,	orth of Child day, year)Sep. 10, 1880
6. Sex female 7. Twin or Triplet No	If so—born 1st, 2nd, 3rd	8. No. months of Pregnacy	9 9. Legitimate? Yes
10. FULL NAME James M. Chambers 11. Color White of THIS bir or Race White of THIS bir 13. Birthplace Osage Co. Missouri 14. Exact (City or town) (State or for Occupation Farmer 15. Industry or Business 22. Name prophylactic used to prevent Ophtha	th 34 yrs. 1 oreign country) 2	0. Exact (City or town Occupation House 1. Industry or Business	18. Age at time of THIS birth 23 yr Co. Iowa (State or foreign country) wife
23. Number of children of this mother: (a) At			
24 I HERERY CERTIEV That I attended th	ATTENDANT'S CE	RTIFICATE	
24. I HEREBY CERTIFY That I attended the	e birth of this child,	who was	tM. on the da
and at the place stated above, and that perelated to this child as(Mother, etc.	ersonal particulars w	who was	
and at the place stated above, and that per	ersonal particulars w	who was	
and at the place stated above, and that perelated to this child as(Mother, etc.	ersonal particulars won	Address IDAVIT to be completed w	(Last name) Date
and at the place stated above, and that perelated to this child as (Mother, etc. 25. Attendant's OWN signature State of IDAHO SS. I, the undersigned, being first duly sworn, in Item 4, above, that I am now 84. Nancy Taylor (Midwife) (First name) (Last name) the facts on the certificate above are true to Chapter 139, 1937 Session Laws.	M.D. Midwife MFF say that I am theyears of age, that I who attended this bit the best of my know	Address IDAVIT to be completed win In	Date then the attendant does not signer 25. f the person whose name appears, and the state of the located by
and at the place stated above, and that perelated to this child as	M.D. Midwife MFF Say that I am theyears of age, that I who attended this bit the best of my know	Address IDAVIT to be completed win In	Date then the attendant does not attem 25. If the person whose name apportude of the located o

(1937 Session Laws, Chapter 139, Section 4)

(Be sure the information is as of date of birth of THIS child) State Fil 2001. CERTIFICATE OF BIRTH Department of Commerce Local Reg. No. Bureau of Census Reg. Dist. No.... COMPLETED for filing. No STATE OF IDAHO 1. PLACE OF BIRTH One ida 2. USUAL RESIDENCE of MOTHER (At time of this birth) Eagle Rock(b) City..... (a) State Idaho (b) County Oneida (c) Street Address or R.F.D.No..... (c) City Eagle Rock (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D.No.... at home. (e) How long has MOTHER lived in Idaho? One vrs. (e) Mother's stay BEFORE delivery: Mail (Idaho, In Hosp. or Mat. Home days. at home (f) Mother's mailing address... Elma Wash 3. RESIDENCE of FATHER (city, state) decease IN THIS county one years month davs 4. FULL NAME 5. Date of Birth Nellie Loertscher, north (Month, day year) Feb 15 1880 OF CHILD.... If so-born 8. No. months 7. Twin or female of Pregnancy 9 single 1st, 2nd, 3rd 6. Sex Trip!et 3rd9. Legitimate? **VES** FATHER OF CHILD MOTHER OF CHILD Sena Gillenwaters 10. FULL Rudolph Loertscher NAME NAME 11. Color 12. Age at time 17. Color 18. Age at time white white of THIS birth 32 vrs. of THIS birth 26 vrs or Race..... or Race Derne Switzerland 19. Birthplace Henry County, Iowa (City or town) (State or foreign country) 13. Birthplace... (City or town) (State or foreign country) 20. Exact 14. Exact Occupation farming housewife Occupation... 21. Industry or 15 Industry or farming housewife Business Business none 22. Name prophylactic used to prevent Ophthalmia Neonatorum..... 23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead none(d) Stillborn none .M. on the date and at the place stated above and that personal particulars were furnished by Sena Oertscher related to this child as mother (Last) name) related to this child as mother I was born in 1885 and the sm mother applicant related to this child as... 26. (a) (Date received) (Resistrar's signature) Attendantisx OWN signature..... 27. Given name added on..... Seattle, Wash, Date ? and address AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED. County of..... Hermann first duly sworn, say that I am the Sena Loertscher mother (Related to (or) acquainted with) of Mellie Loertscher now her mother
(State relationship or acquaintance) whose birth certificate (Name of person on certificate above) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that the person who attended tained therein are true to the best of my knowledge. I further state that...... (Name of attendant at birth) is now deceased and that this birth has not been previously, recorded. (Is now deceased (or) cannot be located) Signature Wash Elma P. O. Address Subscribed and sworn to before me on this 30th day of July (SEAL) Notary Public, residing at.....

(1937 Session Laws, Chapter 139, Section 4)

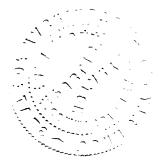
Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

239 716-175-518 (Be sure the information is as of date of birth of THIS child) State File No. Department of Commerce CERTIFICATE OF BIRTH Local Reg. No. Bureau of Census STATE OF IDAHO Reg. Dist. No..... Mail COMPLETED Idaho, for filing. No 2. USUAL RESIDENCE of MOTHER (At time of this birth) 1. PLACE OF BIRTH (a) County Idaho (b) City Grangeville (a) State Idaho (b) County Idaho (c) Street Address or R.F.D. No...... Near Grangeville, Idaho (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No..... XX (e) How long has MOTHER lived in Idaho? 30 (e) Mother's stay BEFORE delivery: (f) Mother's mailing address Deceased In Hosp, or Mat. Home.....days. 3. RESIDENCE of FATHER (city, state) Deceased IN THIS county X vears month days 4. FULL NAME 5. Date of Birth William Hayworth Stilwell (Month, day, year) July 16, 1880 OF CHILD.... 7. Twin or If so-born 8. No. months 6. Sex Male of Pregnancy 9 9. Legitimate? Yes Triplet 1st, 2nd. 3rd X FATHER OF CHILD MOTHER OF CHILD 16. FULL MAIDEN
Pharabee Hayworth 10. FULL William Wesley Stilwell NAME 11. Color 12. Age at time 17 Color 18. Age at time or Race White of THIS birth 32 or Race White of THIS birth 44 Washington. 19. Birthplace.... 13. Birthplace...... (City or town) (State or foreign country) (City or town) (State or foreign country) 14. Exact 20. Exact Farmer Housewife Occupation.... Occupation..... 15. Industry or 21. Industry or Business Business 22. Name prophylactic used to prevent Ophthalmia Neonatorum 23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3. (c) Born alive and now dead 2 (d) Stillborn M. on the date 24. I HEREBY CERTIFY That I attended the birth of this child, who was...... (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by..... (First name) (Last name) related to this child as..... (Mothers etc.) 25. Attendant's (Date received) (Registrar's signature) OWN signature ...M.D. (D.O., Midwife, etc.) 27. Given name added on..... (Registrar's signature) and address Date Montana AFFIDAVIT To be completed when the attendant at birth is State of..... or BLACE g FIRST-C NOT LIVING or CANNOT BE LOCATED. County of..... Related to Edna May Yandell being first duly sworn, say that I am..... (Related to (or) acquainted with) William Hayworth Stilwell Sister whose birth certificate (State relationship or acquaintance) (Name of person on certificate above) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth) BLACK is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)Signature P. O. Address day of NOTAR PROPERTY IS HE Brate of Mondaya, Subscribed and sworn to before me one this. Nessiding at Wolf Point, Montana,
Notary Public, residing Afree 5th, 1943, (SEAL)

(1937 Session Laws, Chapter 139, Section 4)

<u>.1</u> 2.	396-121-035-396	V	330998
certifi- charge	United States (Be sure the information is as of CERTIFICATE CERTIFICA		State File No.
D o	Bureau of Censoles Person STATE O		Local Reg. NoReg. Dist. No
Mail COMPLETED Idaho, for filing. No	1. PLACE OF BIRTH (a) County (b) City Moscow (c) Street Address or R.F.D.No. R.F.D. 1 (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home	2. USUAL RESIDENCE of M (a) State Idaho (c) City Mos. Cow (d) Street Address or R.F (e) How long has MOTHE (f) Mother's mailing addre	OTHER (At time of this birth) (b) County Favail D.No. R.F.D. 1 R lived in Idaho? 9 yrs. ss R.F.D. 1, MOSCOW (city, state) MOSCOW, Ide
ate. Se, I	4. FULL NAME OF CHILD BERT CROWLEY	5. Date of Big (Month, da	rth y year) Feb. 21, 1880
rtifica Bois order	7. Twin or If so—born 1st, 2nd, 3rd	8 No months	9. Legitimate? Yes
cord typewriter ribbon in completing this cells postage to State Bureau of Vital Satistics, an advance payment of fifty cents, money	FATHER OF CHILD 10. FULL NAME Thomas Crowley 11. Color or Race White of THIS birth 44 yrs. 13. Birthplace Ireland (State or foreign country)	MOTHER 16. FULL MAIDEN NAME Florence V 17. Color or Race white 19. Birthplace Corvallis (City or town) 20. Exact Occupation Housewi 21. Industry or Business Farmer' d including this child 3 (b) B mild, who was born alive (born alive, stillborn) s were furnished by (First name) 25. Attendant's	OF CHILD iola Crow 18. Age at time of THIS birth 23 yrs Oregon (State or foreign country) fe s wife. Orn alive and now living 3. M. on the date
or BLACK Reg g FIRST-CLAS d copy requires	State of Washington State of Thurston ss.	AFFIDAVIT To be completed NOT LIVING or CAN	NOT BE LOCATED.
o wid Ho	I, Frank Crowley , being first d Bert Crowley as }	oro ther	ted to (or) acquainted with)
e only BLACK Ink of e in envelope bearing filing. Each certified	appears above, and that I desire to have the said birth recorde	d under Chapter 139, 1937 Session r state that the midwife	, who attended
Use only cate in enfort for filing.	Subscribed and sworn to before the on this da da (SEAL)	y of January Notary Public, residing	P. O. Address

(1937 Session Laws, Chapter 139, Section 4)



	and data of high of mitte shift) and the first SILUIUNO
* · · · · · · · · · · · · · · · · · · ·	as of date of birth of THIS child) State File No
	OF IDAHO Reg. Dist. No
But earl of the census ly flore	
1. PLACE OF BIRTH (All items at time of this birth) (a) County (b) City (c) Street Address or R.F.D. No	(c) City Macon My Perce
metanestand about 7 miles South	(d) Street Address or R.F.D. No
(e) Mother's stay BEFORE delivery: IN THIS county 9 years 5 months days	(e) How long has MOTHER lived in Idaho? yr. 3. RESIDENCE OF FATHER (city, state) Moreour, Idah
4. FULL NAME Walter Clay Hibbs	
6. Sex mele 7. Twin or 0 If so—bor 1st, 2nd, 3	n 8. No. months of Pregnacy 9 9. Legitimate?
10. FULL HALL HALL THE STATE OF CHILD NAME 11. Color 12. Age at time 2.5	MOTHER OF CHILD 16. FULL MAIDEN E. Landingham 17. Color 18. Age at time
or Race	or Race of THIS birth 23 yrs
13. Birthplace Contland 9 lline	19. Birthplace Herrichung Oregon
14. Exact Occupation (City or town) (State or foreign country)	20. Exact Occupation
15. Industry or Business	21. Industry or Business
	and including this child (b) Born alive and now living
24. I HEREBY CERTIFY That I attended the birth of this	(Born alive, stillborn)
24. I HEREBY CERTIFY That I attended the birth of this and at the place stated above, and that personal particul related to this child as(Mother, etc.)	child, who was
24. I HEREBY CERTIFY That I attended the birth of this and at the place stated above, and that personal particul related to this child as	child, who was
24. I HEREBY CERTIFY That I attended the birth of this and at the place stated above, and that personal particul related to this child as	child, who was
24. I HEREBY CERTIFY That I attended the birth of this and at the place stated above, and that personal particul related to this child as	child, who was
24. I HEREBY CERTIFY That I attended the birth of this and at the place stated above, and that personal particul related to this child as	child, who was
24. I HEREBY CERTIFY That I attended the birth of this and at the place stated above, and that personal particul related to this child as (Mother, etc.) 25. Attendant's OWN signature State of State	child, who wasatM. on the dat (Born alive, stillborn) ars were furnished by, who is (First name) (Last name) The Address Date AFFIDAVIT to be completed when the attendant does not sign in Item 25. The
24. I HEREBY CERTIFY That I attended the birth of this and at the place stated above, and that personal particul related to this child as	child, who wasatM. on the dat (Born alive, stillborn) (ars were furnished by, who is (First name) (Last name) (Last name) AFFIDAVIT to be completed when the attendant does not sign in Item 25. the(Mother, etc.) that I have known this person for years, and that this birth I further state that (Is now deceased) or (Cannot be located) knowledge, and that I desire to have this birth recorded under the content of the cont
24. I HEREBY CERTIFY That I attended the birth of this and at the place stated above, and that personal particul related to this child as	child, who wasatM. on the dat
24. I HEREBY CERTIFY That I attended the birth of this and at the place stated above, and that personal particul related to this child as	child, who wasatM. on the dat
24. I HEREBY CERTIFY That I attended the birth of this and at the place stated above, and that personal particul related to this child as	child, who wasatM. on the dat

(1937 Session Laws, Chapter 139, Section 4)

-	as of date of birth of THIS child) State File No. 33202 EATE OF BIRTH OF IDAHO FEB 9 1947Reg. Dist. No
1. PLACE OF BIRTH (All items at time of this birth) (a) County. Least (b) City	(c) City (d) Street Address or R.F.D. No
4. FULL NAME 9	5. Date of Birth of Child
7. Twin or If so—bor Triplet 1st, 2nd,	rn 8. No. months
FATHER OF CHILD 10. FULL Dwight Judan / Lenney 11. Color 12. Age at time of THIS birth 2 yrs. 13. Birthplace Color was 13.	16. FULL MAIDEN WOTHER OF CHILD 16. FULL MAIDEN WAME WATER A SE AT THE STATE OF THIS birth 2 12 12 12 12 12 12 12 12 12 12 12 12 1
14. Exact Occupation 15. Industry or Business Occupation Occupa	20. Exact Occupation 21. Industry or Business
22. Name prophylactic used to prevent Ophthalmia Neonator	
23. Number of children of this mother: (a) At time of birth	and including this child (b) Born alive and now living
	child, who wasatatA. on the
related to this child as(Mother, etc.)	llars were furnished by, wh
25. Attendant's M.D. Midw	
State of Municipal State of Mina makes Ss.	AFFIDAVIT to be completed when the attendant does not in Item 25.
· · · · · · · · · · · · · · · · · · ·	the continuous of the person whose name appearance
I, the undersigned, being first duly sworn, say that I am	(Mother, etc.) that I have known this person for years, and
I, the undersigned, being first duly sworn, say that I am	that I have known this person foryears, and
I, the undersigned, being first duly sworn, say that I am in Item 4, above, that I am now	that I have known this person for
I, the undersigned, being first duly sworn, say that I am in Item 4, above, that I am now	that I have known this person for years, and this birth I further state (Is now deceased) or (Cannot be located) y knowledge, and that I desire to have this birth recorded us Wight Judan Signa Hell Museumic Thurston

(1937 Session Laws, Chapter 139, Section 4)

334642 819 ·229 *001 -85*9 State File No 334642 United States (Be sure the information is as of date of birth of THIS child) Local Reg. No..... Department of Commerce CERTIFICATE OF BIRTH 1942 Reg. Dist. No..... Bureau of the Census STATE OF IDAHO 1. PLACE OF BIRTH (All items at time of this birth) 2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) County Ada (b) City Boise (a) State Uldaho (b) County Dda (c) Street Address or R.F.D. No. Sen Del. (c) City Baise! (d) Name of Hospital or Maternity Home; (d) Street Address or R.F.D. No. Sew. Del. (e) Mother's stay BEFORE delivery: (e) How long has MOTHER lived in Idaho?.....yrs. 3. RESIDENCE OF FATHER (city, state) Rouse adalas. davs IN THIS county vears months 5. Date of Birth of Child 4. FULL NAME (Month, day, year) 25-22 /880 OF CHILD...... 7. Twin or If so-born 8. No. months 9. Legitimate? (Les) Triplet 1st, 2nd, 3rd of Pregnacy 9 FATHER OF CHILD MOTHER OF CHILD 10. FULL 16. FULL MAIDEN NAME Mans 11. Color 12. Age at time 17. Color 18. Age at time or Race. 21 or Race White of THIS birth 3. vrs. of THIS birth / 19. Birthplace Blackhawk. Colorado 13. Birthplace agency, Cowa. (City or town) (State or foreign country) (City or town) (State or foreign country) 14. Exact 20. Exact Occupation House Turke Occupation Jasming. 15. Industry or 21. Industry or Business Business 22. Name prophylactic used to prevent Ophthalmia Neonatorum. ATTENDANT'S CERTIFICATE and at the place stated above, and that personal particulars were furnished by......, who is related to this child as....(Mother, etc.) 25. Attendant's M.D. Midwife Address **OWN** signature Date State of Jao AFFIDAVIT to be completed when the attendant does not sign County of ada in Item 25. I, the undersigned, being first duly sworn, say that I am the.....of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that who attended this birth _______ I further state that (Last name) (Is now deceased) or (Cannot be located) (First name) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. Subscribed and sworn to before me this Notary Public, residing at 3 (SEAL) (Note: Perjury is punishable as a felony in Idaho: see Sec. 17-914. Idaho Code Annotated.) Received for filing on.....

(1937 Session Laws, Chapter 139, Section 4)

29 210 -025 -962 United States Department of Commerce Bureau of the Census		of date of birth of THIS of OF BIRTH OF IDAHO	child) State File No. 334941 Local Reg. No. Reg. Dist. No
(a) County (b) Street Address or R.F.D. (d) Name of Hospital or Ma	(b) City Deangwalle No. no. mumbus ternity Home:	(a) State daho (c) City dama (d) Street Address	or R.F.D. No.
(e) Mother's stay BEFORE de IN THIS county 4 ye	ars months days	3. RESIDENCE OF FATH	MOTHER lived in Idaho?yrs IER (city, state)yrs
4. FULL NAME Edna (1) 6. Sex Triple		(Moi 8. No. month	·· **
10. FULL Pichaed Man	CHILD	16. FULL MAIDEN NAME 17. Color	other of Child Joby
or Race 10 fulls. 13. Birthplace (City or town) 14. Exact	of THIS birth # O yrs. (State or foreign country)	or Race Abhila 19. Birthplace City of	of THIS birth 2.2yrs (State or foreign country)
Occupation Munical 15. Industry or Business		21. Industry or Business	uservifi
22. Name prophylactic used to p 23. Number of children of this p	nother: (a) At time of birth an	d including this child	(b) Born alive and now living
24. I HEREBY CERTIFY That			at
	ve, and that personal particular (Mother, etc.)	s were furnished by	irst name) (Last name), who is
OWN signature	M.D. Midwife	Address	Date
State of Idaho County of Idaho	······)	_	ed when the attendant does not sign in Item 25. of the person whose name appears
in Item 4, above, that I am now.		(Mother, etc.) at I have known this pers	on for years, and that
(First name)	(Last name) we are true to the best of my k	(Is now deceased) or (Cannot be located) ire to have this birth recorded under
Subscribed and sworn to be	fore me this 2th day of	Granguelle -	Signature Cana, P. O. Address
Subscribed and sworn to be			
(SEAL)	e as a felony in Idaho; see Sec.	Notary Public, re 17-914. Idaho Code Appote	siding at Grangeville, Idah ated.)

(1937 Session Laws, Chapter 139, Section 4)

659-110-028-795		33556
Department of Commerce CERTIFICAT	of date of birth of THIS child) FE OF BIRTH DF IDAHO	State File No Local Reg. No Reg. Dist. No
1. PLACE OF BIRTH (All items at time of this birth) (a) County (b) City (c) (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county 9 years months days	(c) City Decument (d) Street Address or R.F. (e) How long has MOTHE	
4. FULL NAME Hrank DHernan	5. Date of Bir (Month, da	
6. Sex male 7. Twin or If so—born 1st, 2nd, 3rd	8. No. montus	9. Legitimate? 422
10. FULL NAME 11. Color or Race white 12. Age at time or This birth 13. Birthplace City or town 14. Exact Occupation 15. Industry or Business 16. Industry or Business 16. Industry or Business 17. Color 18. Age at time Of THIS birth 18. Age at time Of THIS birth 19. Age	17. Color or Race while 19. Birthplace (City or town) 20. Exact Occupation or Business 17. Color or Race while 19. Industry or Business	ufe:
23. Number of children of this mother: (a) At time of birth at	nd including this child2 (b) I S CERTIFICATE	Born alive and now living
24. I HEREBY CERTIFY That I attended the birth of this cl and at the place stated above, and that personal particular related to this child as	nild, who wasat. (Born alive, stillborn)	who .i
25. Attendant's M.D. OWN signature Midwift	e Address	Date
State of California \\ County of State of County of	AFFIDAVIT to be completed who in Iter	n 25.
I, the undersigned, being first duly sworn, say that I am the in Item 4, above, that I am now		the person whose theme appear
(First name) (Last name), who attended the	is birth Canada to Local	licated) I contain state the
the facts on the certificate above are true to the best of my large Chapter 139, 1937 Session Laws.	rary Flance	A Signatur
	The Della solle	19.42
(SEAL)		at J.
(SEAL) (Note: Perjury is punishable as a felony in Idaho; see Sec.		, Registra

(1937 Session Laws, Chapter 139, Section 4)

Department of Commerce Bureau of the Census	CERTIFI	s as of date of birth of THIS child) CATE OF BIRTH E OF IDAHO	State File No
(a) County Washing (c) Street Address or I (d) Name of Hospital of	RE delivery:	(d) Street Address or R.F. (e) How long has MOTHER	(b) County Washington D. No
4. FULL NAME Charl	es Fielding Jackson	5. Date of Bir	th of Child y, year) Aug. 30, 1880
7. *	Twin or If so—b Triplet 1st, 2nd	orn 8. No. months	
FATH	ER OF CHILD	MOTHER	OF CHILD
10. FULL John Andr	ew Jackson	16. FULL MAIDEN HARY Eliza	beth Williams
11. Color or Race white 13. Birthplace Balti (City or to	12. Age at time of THIS birth 48 yr more, Maryland wn) (State or foreign country)	s. or Race white 19. Birthplace Buchannan (City or town)	of THIS birth 38 yr County Mo
14 Throat	mer	20. Exact Occupation housew	
15. Industry or Business	•••••••••••••••••••••••••••••••••••••••	21. Industry or Business	
22. Name prophylactic use	ed to prevent Ophthalmia Neonato	orum	
22. Name prophylactic use 23. Number of children of	this mother: (a) At time of birt	h and including this child(b) I	Sorn alive and now living. 9
23. Number of children of24. I HEREBY CERTIFYand at the place state	this mother: (a) At time of birt ATTENDA That I attended the birth of thi	orum	3orn alive and now living
23. Number of children of24. I HEREBY CERTIFYand at the place state	this mother: (a) At time of birt ATTENDA That I attended the birth of thi d above, and that personal partic (Mother, etc.) M.I.	h and including this child 10 (b) I NT'S CERTIFICATE is child, who was	3orn alive and now living 9
23. Number of children of24. I HEREBY CERTIFYand at the place state related to this child as25. Attendant's	this mother: (a) At time of birt ATTENDA That I attended the birth of thi d above, and that personal partic (Mother, etc.) M.I. Mid	th and including this child 10 (b) INT'S CERTIFICATE is child, who was at (Born alive, stillborn) culars were furnished by (First name).	
23. Number of children of 24. I HEREBY CERTIFY and at the place state related to this child as 25. Attendant's OWN signature State of	That I attended the birth of this d above, and that personal particular (Mother, etc.)	h and including this child 10 (b) I NT'S CERTIFICATE is child, who wasata	
23. Number of children of 24. I HEREBY CERTIFY and at the place state related to this child as 25. Attendant's OWN signature State of Laho County of Washingt I, the undersigned, bein Item 4, above, that I am	That I attended the birth of this d above, and that personal partice (Mother, etc.) M.I. Mid. Ss. and first duly sworn, say that I am now. 75 years of ag	h and including this child 10 (b) I NT'S CERTIFICATE is child, who wasat _	Date on the attendant does not sin 25. the person whose name appearance of the person whose name appe
23. Number of children of 24. I HEREBY CERTIFY and at the place state related to this child as 25. Attendant's OWN signature State of	this mother: (a) At time of birt ATTENDA That I attended the birth of thi d above, and that personal partic (Mother, etc.) M.I. Mid SS. ng first duly sworn, say that I am n now	h and including this child 10 (b) I NT'S CERTIFICATE is child, who wasat	Date In the attendant does not sin 25. The person whose name appearance of the person whose name app
23. Number of children of 24. I HEREBY CERTIFY and at the place state related to this child as 25. Attendant's OWN signature State of	That I attended the birth of this dabove, and that personal particular (Mother, etc.) (Mother	h and including this child 10 (b) I NT'S CERTIFICATE is child, who was at a constant the school of the school of this birth 18 now deceased or (Cannot In y knowledge, and that I desire to the school of this birth 18 now deceased or (Cannot In y knowledge, and that I desire to the school of this birth 18 now deceased or (Cannot In y knowledge, and that I desire to the school of this birth 18 now deceased or (Cannot In y knowledge, and that I desire to the school of this birth 18 now deceased or (Cannot In y knowledge, and that I desire to the school of this birth 18 now deceased or (Cannot In y knowledge, and that I desire to the school of this birth 18 now deceased or (Cannot In y knowledge, and that I desire to the school of the sch	Date In the attendant does not sign 25. The person whose name appear 62 years, and the located being this birth recorded uncompared to the person whose name appears and the located being this birth recorded uncompared to the located being the l
23. Number of children of 24. I HEREBY CERTIFY and at the place state related to this child as 25. Attendant's OWN signature State of	That I attended the birth of this dabove, and that personal partice (Mother, etc.) (Mother, etc.) (Mother, etc.) M.I. Mid (SD. Ss. Ing first duly sworn, say that I am now	h and including this child. 10 (b) I NT'S CERTIFICATE is child, who wasat	Date In the attendant does not sin 25. The person whose name appear 62 years, and the belocated this birth recorded und the belocated the be
23. Number of children of 24. I HEREBY CERTIFY and at the place state related to this child as 25. Attendant's OWN signature State of	That I attended the birth of this dabove, and that personal partice (Mother, etc.) (Mother, e	h and including this child 10 (b) I NT'S CERTIFICATE is child, who wasatatatatatatat	Date In the attendant does not sin 25. The person whose name appears, and the located like of this birth recorded uncompared to the located like of the person whose name appears, and the located like like located like like located like like like located like like like like like like like like

APR 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Department of Commerce AR 26 1942 CERT	n is as of date of birth of THIS child) State File No3.3804 Local Reg. No
1. PLACE OF BIRTH (All items at time of this birth) (a) County	(c) City (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? I fam. (days 3. RESIDENCE OF FATHER (city, state) Goise Coally
4. FULL NAME OF CHILD William Fredrick Silver 7. Twin or If so	born 8. No. months
	and, 3rd of Pregnacy 9 9. Legitimate? Oll
10. FULL NAME William Fredrick Siebenberg 11. Color 12. Age at time or Race White of THIS birth 25 13. Birthplace Haven Germany	MOTHER OF CHILD 16. FULL MAIDEN NAME 17. Color OF Race OF Race OF THIS birth 19. Birthplace Hessen Germanica
14. Exact (City or town) (Salte or foreign country Occupation F. Armer daha: 15. Industry or Business Farming	(City or town) (Stafe or foreign country
<i>#</i>	
22. Name prophylactic used to prevent Ophthalmia Neon	atorum
23. Number of children of this mother: (a) At time of b	atorum
23. Number of children of this mother: (a) At time of b ATTEN 24. I HEREBY CERTIFY That I attended the birth of and at the place stated above, and that personal par related to this child as(Mother, etc.)	atorum
23. Number of children of this mother: (a) At time of b ATTEN 24. I HEREBY CERTIFY That I attended the birth of and at the place stated above, and that personal par related to this child as	atorum
23. Number of children of this mother: (a) At time of b ATTEN 24. I HEREBY CERTIFY That I attended the birth of and at the place stated above, and that personal par related to this child as. (Mother, etc.) 25. Attendant's OWN signature State of Sanger Ss. I, the undersigned, being first duly sworn, say that I in Item 4, above, that I am now years of (First name) (Last name) the facts on the certificate above are true to the best of Chapter 139, 1937 Session Laws.	atorum. DANT'S CERTIFICATE this child, who was
23. Number of children of this mother: (a) At time of b ATTEN 24. I HEREBY CERTIFY That I attended the birth of and at the place stated above, and that personal par related to this child as. (Mother, etc.) 25. Attendant's OWN signature State of Sanger Ss. I, the undersigned, being first duly sworn, say that I in Item 4, above, that I am now years of (First name) (Last name) the facts on the certificate above are true to the best of Chapter 139, 1937 Session Laws.	atorum. DANT'S CERTIFICATE this child, who was
23. Number of children of this mother: (a) At time of b ATTEN 24. I HEREBY CERTIFY That I attended the birth of and at the place stated above, and that personal par related to this child as. (Mother, etc.) 25. Attendant's OWN signature State of San John San I, the undersigned, being first duly sworn, say that I in Item 4, above, that I am now years of (First name) (First name) the facts on the certificate above are true to the best of Chapter 139, 1937 Session Laws.	atorum. DANT'S CERTIFICATE this child, who wasatM. on the control of the completed when the attendant does not a fin Item 25. am the Mother, etc.) age, that I have known this person for years, and ded this birth (Is now deceased) or (Cannot be located) f my knowledge, and that I desire to have this birth recorded up Add. Notary Public, residing at

MAR & 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

United States (Be sur	re the information is as of date of birth of THI	S child) State File No
Department of Commerce	CERTIFICATE OF BIRTH	Local Reg. No
Bureau of the Census	STATE OF IDAHO	Reg. Dist. No
1. PLACE OF BIRTH (All items at time of	of this birth) 2. USUAL RESIDENCE	E OF MOTHER (At time of this)
(a) Countydaho (b) Cit		h.O (b) County
(c) Street Address or R.F.D. No		ngeville
(d) Name of Hospital or Maternity H	Home:	ss or R.F.D. Nono.ne.
Home residence		
(e) Mother's stay BEFORE delivery: IN THIS county years	months days 3. RESIDENCE OF FA	s MOTHER lived in Idaho?1.Q THER (city, state) Grange vi
	5 D	ate of Birth of Child Month, day, year) June 15,
7. Twin or	If so—born 8. No. mo	
6. Sex female Triplet -	1st, 2nd, 3rd of Preg	
FATHER OF CHILD		MOTHER OF CHILD
10. FULL NAME John Henry Rauc.	h 16. FULL MAIDEN	Melvina Rauch
11 Color 12 Age of		18. Age at time
or Race White of TH	tr time 17. Color or Race Whit	e of THIS birth30
13. Birthplace St Clair Coun (City or town) (St	tate or foreign country)	lye Mc Honough Ill ty or town) (State or foreign co
14. Exact	20. Exact	
Occupation Carpenter 15. Industry or	21. Industry or	iousewile
Business Builder	Business	home work
22. Name prophylactic used to prevent C	Onhthalmia Neonatorum none	
	Ophthalmia Neonatorum	
	(a) At time of birth and including this child	
23. Number of children of this mother:	(a) At time of birth and including this child ATTENDANT'S CERTIFICATE	.6 (b) Born alive and now livin
23. Number of children of this mother: 24. I HEREBY CERTIFY That I attend	(a) At time of birth and including this child ATTENDANT'S CERTIFICATE ded the birth of this child, who was(Born alive, s	.6 (b) Born alive and now livinat
23. Number of children of this mother:24. I HEREBY CERTIFY That I attended and at the place stated above and the place stated above and the place stated above.	(a) At time of birth and including this child ATTENDANT'S CERTIFICATE ded the birth of this child, who was	.6 (b) Born alive and now livinat
23. Number of children of this mother: 24. I HEREBY CERTIFY That I attended and at the place stated above, and the related to this child as	(a) At time of birth and including this child ATTENDANT'S CERTIFICATE ded the birth of this child, who was(Born alive, s that personal particulars were furnished by ther, etc.)	.6 (b) Born alive and now livinat
23. Number of children of this mother: 24. I HEREBY CERTIFY That I attend and at the place stated above, and trelated to this child as (Mot 25. Attendant's	(a) At time of birth and including this child ATTENDANT'S CERTIFICATE ded the birth of this child, who was	.6 (b) Born alive and now livin
23. Number of children of this mother: 24. I HEREBY CERTIFY That I attend and at the place stated above, and trelated to this child as. (Mot OWN signature	(a) At time of birth and including this child ATTENDANT'S CERTIFICATE ded the birth of this child, who was (Born alive, s that personal particulars were furnished by ther, etc.) M.D. Midwife Address	.6 (b) Born alive and now livin atM. on t tillborn) (First name) (Last name) Date
23. Number of children of this mother: 24. I HEREBY CERTIFY That I attend and at the place stated above, and trelated to this child as. (Mot OWN signature	(a) At time of birth and including this child ATTENDANT'S CERTIFICATE ded the birth of this child, who was (Born alive, s) that personal particulars were furnished by ther, etc.) M.D. Midwife Address	.6 (b) Born alive and now livin
23. Number of children of this mother: 24. I HEREBY CERTIFY That I attend and at the place stated above, and trelated to this child as (Motor OWN signature) State of Idaho County of Idaho	(a) At time of birth and including this child ATTENDANT'S CERTIFICATE ded the birth of this child, who was	.6 (b) Born alive and now livin atM. on t tillborn) (First name) (Last name) Date letted when the attendant does r in Item 25.
23. Number of children of this mother: 24. I HEREBY CERTIFY That I attend and at the place stated above, and trelated to this child as (Mot 25. Attendant's OWN signature State of Idaho County of Idaho Idaho I, the undersigned, being first duly s	ATTENDANT'S CERTIFICATE ded the birth of this child, who was	.6 (b) Born alive and now livin atM. on t tillborn) (First name) (Last name) Date cleted when the attendant does r in Item 25of the person whose name
23. Number of children of this mother: 24. I HEREBY CERTIFY That I attend and at the place stated above, and trelated to this child as (Mot 25. Attendant's OWN signature State of Idaho County of Idaho I, the undersigned, being first duly s in Item 4, above, that I am now	ATTENDANT'S CERTIFICATE ded the birth of this child, who was (Born alive, s that personal particulars were furnished by ther, etc.) M.D. Midwife Address AFFIDAVIT to be comp sworn, say that I am the friend (Mother, etc.)	.6 (b) Born alive and now livin
23. Number of children of this mother: 24. I HEREBY CERTIFY That I attend and at the place stated above, and trelated to this child as (Mot 25. Attendant's OWN signature State of Idaho County of Idaho I, the undersigned, being first duly s in Item 4, above, that I am now	ATTENDANT'S CERTIFICATE ded the birth of this child, who was (Born alive, s that personal particulars were furnished by ther, etc.) M.D. Midwife Address AFFIDAVIT to be comp sworn, say that I am the friend (Mother, etc.)	.6 (b) Born alive and now livin
23. Number of children of this mother: 24. I HEREBY CERTIFY That I attend and at the place stated above, and trelated to this child as (Mot OWN signature 25. Attendant's (Mot OWN signature) State of Idaho County of Idaho I, the undersigned, being first duly s in Item 4, above, that I am now (First name) the facts on the certificate above are tr	ATTENDANT'S CERTIFICATE ded the birth of this child, who was	.6 (b) Born alive and now livin atM. on the statement of the person whose name erson for\$l
23. Number of children of this mother: 24. I HEREBY CERTIFY That I attend and at the place stated above, and trelated to this child as (Mot OWN signature 25. Attendant's (Mot OWN signature) State of Idaho County of Idaho I, the undersigned, being first duly s in Item 4, above, that I am now (First name)	ATTENDANT'S CERTIFICATE ded the birth of this child, who was	.6 (b) Born alive and now livin atM. on the statement of the person whose name erson for\$l
23. Number of children of this mother: 24. I HEREBY CERTIFY That I attend and at the place stated above, and trelated to this child as (Mot OWN signature 25. Attendant's (Mot OWN signature) State of Idaho County of Idaho I, the undersigned, being first duly s in Item 4, above, that I am now (First name) the facts on the certificate above are tr	ATTENDANT'S CERTIFICATE ded the birth of this child, who was (Born alive, s that personal particulars were furnished by ther, etc.) M.D. Midwife Address AFFIDAVIT to be comp (Mother, etc.) worn, say that I am the friend (Mother, etc.) (Is now deceased) rue to the best of mythpowledge, and that I do	atM. on the state of the person whose name erson for6lessed I further state of Cannot be located) lesire to have this birth recorded and the person whose name erson for6lessed I further state of Cannot be located) lesire to have this birth recorded Si
23. Number of children of this mother: 24. I HEREBY CERTIFY That I attend and at the place stated above, and trelated to this child as (Mother 1997) 25. Attendant's (Mother 1997) State of Idaho (County of Idaho) I, the undersigned, being first duly so in Item 4, above, that I am now (First name) the facts on the certificate above are trechapter 139, 1937 Session Laws.	ATTENDANT'S CERTIFICATE ded the birth of this child, who was (Born alive, s that personal particulars were furnished by ther, etc.) M.D. Midwife Address AFFIDAVIT to be comp (Mother, etc.) worn, say that I am the friend (Mother, etc.) (Is now deceased) rue to the best of mythnowledge, and that I defined the second constant of the comp (Is now deceased) Crange ville, Idah of the comp (Is now deceased)	atM. on the state of the person whose name erson for6 level when the other person whose name erson for6 level I further state or (Cannot be located) lesirated have this birth recorded the person whose name erson for6 level I further state or (Cannot be located) lesirated have this birth recorded Since Since P.O P.O.
23. Number of children of this mother: 24. I HEREBY CERTIFY That I attend and at the place stated above, and trelated to this child as (Mot OWN signature) 25. Attendant's (Mot OWN signature) State of Idaho County of Idaho I, the undersigned, being first duly s in Item 4, above, that I am now (First name) the facts on the certificate above are trechapter 139, 1937 Session Laws.	ATTENDANT'S CERTIFICATE ded the birth of this child, who was	atM. on the state of the person whose name erson for61 I further state of (Cannot be located) lesiron to have this birth recorded by the person whose name erson for61 I further state of (Cannot be located) lesiron to have this birth recorded by the person whose name erson for61 I further state of (Cannot be located) lesiron to have this birth recorded by the person whose name erson for61 I further state of (Cannot be located) lesiron to have this birth recorded by the person whose name erson for61 I further state of (Cannot be located) lesiron to have this birth recorded by the person whose name erson for61 I further state of (Cannot be located) lesiron to have this birth recorded by the person whose name erson for61 I further state of (Cannot be located) lesiron to have this birth recorded by the person whose name erson for61 I further state of (Cannot be located) lesiron to have this birth recorded by the person whose name erson for61
23. Number of children of this mother: 24. I HEREBY CERTIFY That I attend and at the place stated above, and the related to this child as the county of the	ATTENDANT'S CERTIFICATE ded the birth of this child, who was	atM. on thibborn (First name) (Last name) Date Date Dete Det
23. Number of children of this mother: 24. I HEREBY CERTIFY That I attend and at the place stated above, and the related to this child as the county of the certificate above are the facts on the certificate above are the county of the certificate above are the certificate abov	ATTENDANT'S CERTIFICATE ded the birth of this child, who was	atM. on thibborn (First name) (Last name) Date Date Dete Det
23. Number of children of this mother: 24. I HEREBY CERTIFY That I attend and at the place stated above, and the related to this child as the company of the county of the certificate above are the facts on the certificate above are the county of the certificate above are the certificate above a	ATTENDANT'S CERTIFICATE ded the birth of this child, who was	atM. on thibborn (First name) (Last name) Date Date Dete Det

(1937 Session Laws, Chapter 139, Section 4)

	239-220-038-491			220001
22			date of birth of THIS child)	State File N339801
envelope certified	-	ERTIFICATE		Local Reg. No
E O	Bureau of the Census	STATE OF	IDAHO	Reg. Dist. No
certificate. Mail COMPLETED certificate in all abo, for filing. No charge for filing. Each	(a) County		(c) City Washoe (d) Street Address or R.F.D	ib) & Minty
E S	(e) Mother's stay BEFORE delivery: IN THIS county years months	days	(e) How long has MOTHER 3. RESIDENCE OF FATHER (city	, state) Washoe Idaho
OMPLE' charge	4. FULL NAME OF CHILD. Susan Alta Capitola S	troup	(Month, day	year) June 20, 1880
<u>o</u> ž	6. Sex Female Triplet 1st	t, 2nd, 3rd	of Pregnacy	9. Legitimate? Yes
ž o	FATHER OF CHILD		MOTHER	F CHILD
`. .	10. FULL NAME Jacob Stroup		16. FULL MAIDEN SUSAN	Draper
rtificate o, for f	or Race. White 12. Age at time of THIS birth 45 13. Birthplace 12. Age at time of THIS birth 45	yrs.	17. Color or Race White 19. Birthplace	8. Age at time of THIS birth 25 yrs.
24	(City or town) (State or foreign cou		(City or town)	(State or foreign country)
ŧ,	Occupation Stockman		20. Exact Housewi:	r o
apleting this cs, Boise, Ida br coin.	15. Industry or Business Cattle and Horses		21. Industry or Business	
<u>15</u> 0 8	22. Name prophylactic used to prevent Ophthalmia Ne	eonatorum		
	23. Number of children of this mother: (a) At time o			
2 4 5			CERTIFICATE	
bon in the state of the state o	24. I HEREBY CERTIFY That I attended the birth	of this child	d, who wasatat	M. on the date
iter ribb of Vita	and at the place stated above, and that personal related to this child as(Mother, etc.)		were furnished by(First name)	(Last name) who is
2 5 5 E	25. Attendant's OWN signature	M.D. Midwife	Address	Date
ord ty	State of Idaho Ss.	A	FFIDAVIT to be completed when in Item	
S SE	I, the undersigned, being first duly sworn, say that		(Mother etc.)	-
LACK tage 1	in Item 4, above, that I am now	of age, that	I have known this person for	years, and that
当なず	(First name) (Last name)	tended this	(Is now deceased) or (Cannot be	l further state that located)
Ser	the facts on the certificate above are true to the best Chapter 139, 1937 Session Laws.	t of my kno	owledge, and that I desire to he	ave this birth recorded under
A A A	Columbia Columbia Columbia	le	ssie Strong In	Signature
X 다 를	and the second s	•••••	Ontario, Oregon	P. O. Address
BLACK FIRST-CI	Subscribed and sworn to before me this 370	day of	April	., <u>19.42</u>
	(SEAL)	ssaad	Notary Public, residing a	Payette, Idaho
e in y	(Note: Perjury is punishable as a felony in Idaho)	; see Sec. 17	7-914, Idana Code Annotated.)	1
2 2 6	Received for filing on AR 7 1942	td	, Mary Fre	Registrar.

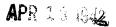
(1937 Session Laws, Chapter 139, Section 4)

Uni Dep	ted States eartment of Co	mmerce		of date of birth of T E OF BIRTH DF IDAHO	rhis child)	State File No Local Reg. No Reg. Dist. No	
(a) County B c) Street Add d) Name of H e) Mother's st	ress or R.F.D. No ospital or Maternity l	ty Blackiont	(a) State II (c) City B (d) Street Ad (e) How long	DAHO LASK dress or R.F has MOTHE	T.D. No	nghon 2 yrs
4. F	HILL MAME					rth of Child Oct.	
	of Child Sex Male	7. Twin or Triplet	If so—born 1st, 2nd, 3rd	8. No.			
10. 11. 13. 14.	FULL NAME	FATHER OF CHILD illiam Henry hite of THE LILLIAN SERVICE CRIST OF TOWN Freights	Howell at time 28 yrs. U.S.A. State or foreign country)	16. FULL MAIDE NAMEE.I	MOTHER Nancrill White Lowa (City or town)	R OF CHILD 18. Age at time of THIS birth U.S. A. (State or fore	20 yrs
22. 23. 24.	Name prophyl Number of chi I HEREBY C and at the pla related to this	ERTIFY That I attent ce stated above, and child as	Ophthalmia Neonatorum (a) At time of birth ar ATTENDANT's ided the birth of this ch that personal particular other, etc.)	Business ni ni d including this child certificate tild, who was	d 2 0 0)at	Born alive and now	on the dat
22. 23. 24.	Name prophyl Number of chi I HEREBY C and at the pla related to this Attendant's OWN signatur	actic used to prevent latter of this mother: ERTIFY That I attent ce stated above, and child as	Ophthalmia Neonatorum (a) At time of birth ar ATTENDANT's ided the birth of this ch that personal particular wher, etc.) M.D. Midwife	Business n	d	Born alive and now M (Last name) Date	on the dat
22. 23. 24. 25. Star Courin I	Name prophyl Number of chi I HEREBY C and at the pla related to this Attendant's OWN signatur te of	ectic used to prevent latter of this mother: ERTIFY That I attended to state above, and child as (Mother of the control of th	Ophthalmia Neonatorum (a) At time of birth ar ATTENDANT's ded the birth of this ch that personal particular other, etc.) M.D. Midwife "}ss. sworn, say that I am the ",years of age, th, who attended the me) rue to the best of my k	Business n n1] ad including this child CERTIFICATE tild, who was (Born all cs were furnished by Address AFFIDAVIT to be co (Mother, etc.) at I have known this is birth (Is now decess chowledge, and that	at ve, stillborn) (First name of the control of th	Date nen the attendant dem 25. the person whose ner in large desired. I furth be located) have this birth recommendation of the desired of	on the dat, who is
22. 23. 24. 25. Star Courin I	Name prophyl Number of chi I HEREBY C. and at the pla related to this Attendant's OWN signatur te of	e e e e e e e e e e e e e e e e e e e	Ophthalmia Neonatorum (a) At time of birth ar ATTENDANT's ded the birth of this ch that personal particular other, etc.) M.D. Midwife "}ss. sworn, say that I am the ", who attended the me) rue to the best of my k	Business n n1] ad including this child CERTIFICATE tild, who was (Born all cs were furnished by Address AFFIDAVIT to be co (Mother, etc.) at I have known this birth (Is now decess chowledge, and that	at ve, stiliborn) (First name of the control of th	Date ne) (Last name) Date nen the attendant dem 25. the person whose ner in the located) have this birth recommendation of the date o	on the date of the

(1937 Session Laws, Chapter 139, Section 4)



Department of Commerce CERTIFICATE Bureau of the Census STATE OF	
I. PLACE OF BIRTH (All items at time of this birth) (a) County. Nez Perce (b) City. Lawiston, Idaho (c) Street Address or R.F.D. No Main. Street (d) Name of Hospital or Maternity Home:	2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State
4. FULL NAME OF CHILDEmmaOdaRowley	5. Date of Birth of Child (Month, day, year)
6. Sex Female Triplet One 1st, 2nd, 3rd	
FATHER OF CHILD 10. FULL NAME Eugene Austin Rowley 11. Color or Race. White of THIS birth 25 yrs. 13. Birthplace Elemand Illinois (City or town) (State or foreign country) 14. Exact Occupation Tinsmith 15. Industry or Business Tin-shop	MOTHER OF CHILD 16. FULL MAIDEN Ella Taylor Hanna 17. Color White 18. Age at time 24 or Race Or THIS birth 24 19. Birthplace Dayton Oregon 20. Exact (City or town) (State or foreign country) Cocupation House-wife 21. Industry or Business
22. Name prophylactic used to prevent Ophthalmia Neonatorum.23. Number of children of this mother: (a) At time of birth and	including this child
ATTENDANT'S 24. I HEREBY CERTIFY That I attended the birth of this chil	
and at the place stated above, and that personal particulars related to this child as	were furnished by (First name) (Last name) Address Date
	FFIDAVIT to be completed when the attendant does not so in Item 25.
I, the undersigned, being first duly sworn, say that I am the	(Mother, etc.) t I have known this person for61years, and the
Subscribed and sworn to before me this 28 day of	owledge, and that I desire to have this birth recorded unsupport the state of the s



(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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813-221-035863 (Be sure the information is as of date of birth of THIS child) United States State File No. Department of Commerce CERTIFICATE OF BIRTH Local Reg. No..... Mail COMPLETED Idaho, for filing. No Bureau of Census STATE OF IDAHO Reg. Dist. No.... 1. PLACE OF BIRTH (a) County Nez Perce (b) City Moscow (c) Street Address or R.F.D. No. NO. (c) City (d) Name of Hospital or Maternity Home:

Mrs. Jane A. Holden (d) Street Address or R.F.D. No. none (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home. days. (e) How long has MOTHER lived in Idaho2... (f) Mother's mailing address MOSCOW, Idaho IN THIS county 3 3. RESIDENCE of FATHER (city, state) vears month days 4. FULL NAME 5. Date of Birth Myrtle Hatley (Month, day year) Mar. 21, 1880 OF CHILD 7. Twin or no If so-born 8. No. months Female 9. Legitimate? Yes 6. Sex 1st, 2nd, 3rd no Triplet of Pregnancy FATHER OF CHILD MOTHER OF CHILD 16. FULL MAIDEN Catherine Holden 10. FULL Ninevah Patterson Hatley NAME 11. Color 12. Age at time 17. Color White or Race White Nephi, Utah THIS birth 21 yrs. 18. Age at time of THIS birth 34 or Race Raleigh, North Carolina 13. Birthplace (City or town) 19. Birthplace (City or town) (State or foreign country) (State or foreign country) 14. Exact 20. Exact Farmer Occupation urean Occupation 15. Industry or same 21. Industry or same Business Business (c) Born alive and now dead 1 (d) Stillborn none related to this child as.

ADD 9 \(\text{10A} \)

(Mother, etc.) 26. (a) APR 20 1942. (b) (Mother, etc.) 25. Attendant's (Date received) OWN signature M.D. (D.O.,Midwife,etc.) (Registrar's signature) 27. Given name added on _____by____(Registrar's signature) and address State of Laten
County of Laten AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED I, George Northrup being first duly sworn, say that I am acquainted with acquaintance (Related to (or) acquainted with)

(Name of person on certificate above)

(State relationship or acquaintance)

(State relationship or acquaintance) appears above, and that I desire to have the said birth recorded under Chapter 130, 1937 Session Invited that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth) (Name of attendant at birth)
(Is now deceased (or) cannot be located)

(Name of attendant at birth)

(Is now deceased (or) cannot be located) Continued. Subscribed and sworn to/before te Judge Moscow, Idaho. (SEAL)

(1937 Session Laws, Chapter 139, Section 4)

Départment of Commerce	(Be sure the information	FICATE OF BIRTH	State File NoLocal Reg. No
Bureau of the Census		TE OF IDAHO	Reg. Dist. No
(c) Street Address or R.F(d) Name of Hospital or I	.D. No.	(a) State Idaho (c) City Moscow	THER (At time of this birth) (b) County
(e) Mother's stay BEFORE IN THIS county	delivery: years—3 months — de	(e) How long has MOTHE ays 3. RESIDENCE OF FATHER (c	R lived in Idaho?yr ity, state) HOSCOW Ida
4 FILL NAME	Benton Pierce	5. Date of Bi (Month, d	rth of Child October 7,188
6. Sex Hale 7. Tw	in or If so— plet NO 1st, 2n	born 8. No. months of Pregnacy	9 9. Legitimate? Yes
10. FULL Thomas H	of CHILD enry Pierce	16. FULL MAIDEN Anna.	of CHILD Medora Brewer
11. Color or Race White 13. Birthplace Wayne Co	12. Age at time 37y of THIS birth 37y	rs. 17. Color Thite or Race Thile.	18. Age at time of THIS birth yrs
14. Exact Occupation	(State or foreign country) inister & Farmer	20. Exact (City or town) Occupation Hou	(State or foreign country)
Business		21. Industry or Business	·
		torum	
	ATTEND	4. COMP. COMP. COMP. COMP.	
24. I HEREBY CERTIFY T		ANT'S CERTIFICATE his child, who wasat	
and at the place stated a	hat I attended the birth of the	his child, who wasat (Born alive, stillborn) iculars were furnished by	
and at the place stated a related to this child as 25. Attendant's	hat I attended the birth of the box of the b	his child, who wasat (Born alive, stillborn) iculars were furnished by	
and at the place stated a related to this child as	hat I attended the birth of the bloom, and that personal part (Mother, etc.) M. M. M.	his child, who was	(Last name) Date
and at the place stated a related to this child as	hat I attended the birth of the book, and that personal part (Mother, etc.) M M M Ss. first duly sworn, say that I a ow	his child, who was	Date Date Date the attendant does not sign 25. the person whose name appear $2\frac{1}{2}$ years, and that $2\frac{1}{2}$
and at the place stated a related to this child as	hat I attended the birth of the bove, and that personal part (Mother, etc.) M. M. Ss. first duly sworn, say that I a ow	iculars were furnished by	Date Date Len the attendant does not sig m 25. the person whose name appear years, and the be located) have this birth recorded under the manner of the located of the
and at the place stated a related to this child as	hat I attended the birth of the bove, and that personal part (Mother, etc.) M. M. Ss. first duly sworn, say that I a ow. 68 years of a gray who attend (Last name) bove are true to the best of ws.	iculars were furnished by	Date Date len the attendant does not sig m 25. the person whose name appear years, and the belocated) have this birth recorded under www. Idaho Po Address
and at the place stated a related to this child as	hat I attended the birth of the bove, and that personal part (Mother, etc.) M. M. Ss. first duly sworn, say that I a ow. 68 years of a gray who attend (Last name) bove are true to the best of ws.	iculars were furnished by	Date Date len the attendant does not sign 25. the person whose name appear years, and the belocated have this birth recorded under the belocated with the belocated by I daho P O Address who is the belocated by I daho P O I

(1937 Session Laws, Chapter 139, Section 4)

167-108,00-133	343041 of date of birth of THIS child) State File N343041
United States MANY OF THE CERTIFICATION OF THE CERT	E OF BIRTH Local Reg. No
1. PLACE OF BIRTH (All items at time of this birth) (a) County	2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State
4. FULL NAME OF CHILD	8. No. months
FATHER OF CHILD 10. FULL NAME	MOTHER OF CHILD 16. FULL MAIDEN NAME Sanora A. Allen 17. Color or Race W of THIS birth. 41 yrs 19. Birthplace (City or town) (State or foreign country) 20. Exact Occupation LOUS EWILE 21. Industry or Business
related to this child as COUSID (Mother, etc.)	CERTIFICATE
25. Attendant's M.D. OWN signature Midwife	Address Date
I, the undersigned, being first duly sworn, say that I am the in Itan 4, above, that I am now	s birth I further state that (Is now deceased) or (Cannot be located) nowledge, and that I desire to have this birth recorded under Signature P.O. Address 19 19 19 19 19 19 19 19 19 19 19 19 19
Received for filing on MAY 2 1942	by Mary Registra

(1937 Session Laws, Chapter 139, Section 4)

envelope	693 279 044 862 United States Department of Commerce Bureau of the Census (Be sure the information is as CERTIFICATE 20		343630 State File No Local Reg. No Reg. Dist. No
certificate in filing. Each	1. PLACE OF BIRTH (All items at time of this birth) (a) County (b) City (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county years months days	(c) City(d) Street Address or R.F.I	(b) County bashington D. No
I COMPLETED No charge for	4. FULL NAME Level Mand Wilkers 6. Sex Level 7. Twin or If so—born 1st, 2nd, 3rd	5. Date of Birti (Month, day 8. No. months of Pregnacy	n of Child y year) Feb 29/1880 9. Legitimate? Les
sting this certificate. Mail Boise, Idaho, for filing. I coin.	10. FULL NAME OF CHILD 12. Age at time or Received and City or town) 13. Birthplace Motor (City or town) (State or foreign country) 14. Exact Occupation Taxael 15. Industry or Business	20. Exact Occupation 21. Industry or Business	18. Age at time of THIS birth 2 yrs. (State or foreign country)
ribbon in comply Vital Statistics, money order or	 22. Name prophylactic used to prevent Ophthalmia Neonatorum. 23. Number of children of this mother: (a) At time of birth and ATTENDANT'S 24. I HEREBY CERTIFY That I attended the birth of this children and at the place stated above, and that personal particular. 	d including this child. (b) B CERTIFICATE ild, who was	
ypewriter Jureau of Iy cents,	related to this child as	Address	Date
Use only BLACK Juk or BLACK Record the bearing FIRST-CLASS postage to State Ecopy requires an advance payment of fifth	County of Marion ss. I, the undersigned, being first duly sworn, say that I am the in Item 4, above that I am now 72 years of age, the Rebesca Wilkerson who attended this (First name) (Last name) the facts on the certificate above are true to the best of my known than the certificate above are true to the certificate abov	March Notary Public, residing as 17-914 Idaho Cade Annetated (17-914 Idaho Cade Annetated) (18-10-14 Idaho Cade Annetated) (1	25. te person whose name appears 62 years, and that 6d I further state that located) ave this birth recorded under 6 Signature 7 P. O. Address 19 42 t. Salem Ore

(1937 Session Laws, Chapter 139, Section 4)

	693-103-036-766		344154
<u> </u>	Officed States (Se sure the information as	of date of birth of THIS child)	State File No. 3 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
envel	•	F IDAHO	Reg. Dist. No
TED certificate in a for filing. Each	1. PLACE OF BIRTH (All items at time of this birth) (a) County (b) City (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county (c) years (d) months (d) days	(c) City	D. No
COMPLE No charge	4. FULL NAME Equipment & Williams 7. Twin or Triplet 1. Sex Male 7. Triplet 1. St, 2nd, 3rd	8. No. months	th of Child Let. 3, 1880 9. Legitimate? Les
ing this certificate. Mail oise, Idaho, for filing.	10. FULL NAME Samuel D. Williams 11. Color or Race What of THIS birth Wars 13. Birthplace (City or town) (State or foreign country) 14. Exact Occupation Carmer 15. Industry or Business	16. FULL MAIDE MOTHER NAME 17. Color or Race white 19. Birthplace Silcan (City or town) 20. Exact Occupation Cocupation 21. Industry or Business	18. Age at time of THIS hirth 3 4 yrs. (State or foreign country)
on in comple	22. Name prophylactic used to prevent Ophthalmia Neonatorum 23. Number of children of this mother: (a) At time of birth an ATTENDANT'S 24. I HEREBY CERTIFY That I attended the birth of this ch	d including this child	forn alive and now living
r risb Vits	and at the place stated above, and that personal particular related to this child as	• • • • • • • • • • • • • • • • • • • •	(Last name) who is
pewrit	25. Attendant's M.D. OWN signature Midwife	Address	Date
ord ty	State of Jaho County of One State Ss.	AFFIDAVIT to be completed whe	
I FIRST-CLASS postage to St.	Sinscribed and sworn to before me this	at I have known this person for s birth (Is now deceased) or (Cannot be nowledge, and that I desire to be a second by the second	I further state that elocated) nave this birth recorded under Signature P. O. Address, 19
Use or bearing	(Note: Persury is punishable as a felony in Idaho; see Sec	by	Registrar.

(1937 Session Laws, Chapter 139, Section 4)

418-111-037 636 (Be sure the information is as of date of birth of THIS child) State File No United States Department of Commerce CERTIFICATE OF BIRTH Local Reg. No..... Bureau of Census STATE OF IDAHO Reg. Dist. No..... 15 miles S. E of 1. PLACE OF BIRTH 2. USUAL RESIDENCE of MOTHER (At time of this birth) (a) County Owy hee (b) City Joy dan Valley (a) State Ida ho (b) County Owyhee (c) City 15 miles S.E. of Jordan Yalley an (c) Street Address or R.F.D. No. Ore gen on Idaha (d) Name of Haspital or Maternity Home: Oregon State Lin (d) Street Address or R.F.D. No. Idaha-Oregon Lin hame (e) How long has MOTHER lived in Idaho? (e) Mother's stay BEFORE delivery: (f) Mother's mailing address fire hold of 3. RESIDENCE of FATHER (city state). E. of ordan In Hosp, or Mat. Home. O days. IN THIS county years month days **FULL NAME** 5. Date of Birth aher Mbrose 4 u gustin (Month, day, year) Aug. 1 OF CHILD.... 7. Twin or If so-born 8. No. months 1 a I c 6. Sex Triplet 1st, 2nd, 3rd 9. Legitimate? 4 of Pregnancy FATHER OF CHILD MOTHER OF CHILD 16. FULL MAIDEN NAME. 12. Age at time 11. Color 17 Color 18. Age at time or Race. of THIS birth. of THIS birth. or Race enter (State or foreign country) (State or foreign country) (City or town) 14. Exact 20. Exact Occupation Manchert Stockraiser Nouse wi Occupation. 15. Industry or 21. Industry or Tanching. Business Business 22. Name prophylactic used to prevent Ophthalmia Neonatorum. 23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living (c) Born alive and now dead O (d) Stillborn 24. I HEREBY CERTIFY That I attended the birth of this child, who was..... ...M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by.... (First name) (Last name) related to this child as. 25. Attendant's 26. (a)..... (Date received) OWN signature.... 27. Given name added on... (D.O., Midwife, etc.) (Registrar's signature) and address Date State of..... AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED. County_of.... Mahey being first duly sworn, say that I am_ (Related to (or) acquainted with) Ambrose Augustin whose birth certificate (Name of person on certificate above) (State relationship or acquaintance) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that.... DODE (Is now deceased (or) cannot be located) (Name of attendant at birth has not been previously recorded. (Name of attendant at birth)P. O. Address Subscribed and sworn to before me in this 5th Public for Oregon

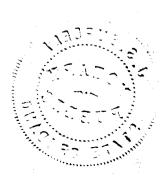
(1937 Session Laws, Chapter 139, Section 4)

16510404446 United States	(Be sure the information is as	of date of birth of THIS child)	3447.
Department of Commerce	CERTIFICAT		Local Reg. No
Bureau of the Census	STATE O		Reg. Dist. No
1. PLACE OF BIRTH (All items (a) County (C) Street Address of R.F.	at time of this birth) (b) City. Clee	- 0 0	, (b) County Leanning
(d) Name of Hospital or Ma	iternity Home:	(d) Street Address or R.F	.D. No
(e) Mother's stay BEFORE do IN THIS county	elivery de livery days	(e) How long has MOTHE 3. RESIDENCE OF FATHER (c)	R lived in Idaho?ity, state)
4. FULL NAME OF CHILD. Twin	or / If so—born	5. Date of Bin (Month, do	rth of Child ay, year) (pul. 4, 188
6. Sex FATHER C		,	9. Legitimate? Ye
10. FULL NAME Charles 7	Musphy ones	16. FULL MAIDEN NAME.	10. Age at time II 🤊
or Race	of THIS both Tyrs. (State or foreign country)	19. Birthplace(City or town)	f THIS birth 5
14. Exact Occupation	and I	20. Exact Occupation 9 Lose	a . 742. Is
		21. Industry or	
15. Industry or Business		Business	<u>-</u>
Business 22. Name prophylactic used to	prevent Ophthalmia Neonatorum	Business	
Business 22. Name prophylactic used to	prevent Ophthalmia Neonatorum mother: (a) At time of birth an	Business	Born alive and now living
Business 22. Name prophylactic used to 23. Number of children of this	mother: (a) At time of birth an ATTENDANT'S	Business d including this child	Born alive and now living
Business 22. Name prophylactic used to 23. Number of children of this	mother: (a) At time of birth an	Business d including this child	Born alive and now living
Business 22. Name prophylactic used to 23. Number of children of this 24. I HEREBY CERTIFY That and at the place stated above	mother: (a) At time of birth an ATTENDANT'S t I attended the birth of this ch ove, and that personal particular	Business d including this child	Born alive and now living
Business 22. Name prophylactic used to 23. Number of children of this 24. I HEREBY CERTIFY That and at the place stated aborelated to this child as	mother: (a) At time of birth an ATTENDANT'S t I attended the birth of this ch ove, and that personal particular (Mother, etc.) M.D.	Business d including this child	Born alive and now living
Business 22. Name prophylactic used to 23. Number of children of this 24. I HEREBY CERTIFY That and at the place stated aborelated to this child as	mother: (a) At time of birth an ATTENDANT'S t I attended the birth of this ch ove, and that personal particular (Mother, etc.) M.D. Midwife	Business d including this child	Born alive and now living
Business 22. Name prophylactic used to 23. Number of children of this 24. I HEREBY CERTIFY That and at the place stated aborelated to this child as	mother: (a) At time of birth an ATTENDANT'S t I attended the birth of this ch ove, and that personal particular (Mother, etc.) M.D. Midwife	Business d including this child	Date en the attendant does not sm 25. the person whose name appearance
Business 22. Name prophylactic used to 23. Number of children of this 24. I HEREBY CERTIFY That and at the place stated aborelated to this child as	mother: (a) At time of birth an ATTENDANT'S t I attended the birth of this ch ove, and that personal particular (Mother, etc.) M.D. Midwife Ss. rst duly sworn, say that I am the years of age, th	Business d including this child	Date en the attendant does not am 25. the person whose name approximately appears, and a secondary and appears, and a secondary appears, and a s
Business 22. Name prophylactic used to 23. Number of children of this 24. I HEREBY CERTIFY The and at the place stated ab- related to this child as	mother: (a) At time of birth an ATTENDANT'S t I attended the birth of this ch ove, and that personal particular (Mother, etc.) M.D. Midwife SS. rst duly sworn, say that I am the v	Business d including this child	Born alive and now living
Business 22. Name prophylactic used to 23. Number of children of this 24. I HEREBY CERTIFY The and at the place stated ab- related to this child as	mother: (a) At time of birth an ATTENDANT'S It I attended the birth of this ch ove, and that personal particular (Mother, etc.) M.D. Midwife Ss. rst duly sworn, say that I am the years of age, th (Last name) Who attended this (Last name)	Business d including this child	Date en the attendant does not am 25. the person whose name apportunity years, and the located) have this birth recorded un Signat
Business 22. Name prophylactic used to 23. Number of children of this 24. I HEREBY CERTIFY That and at the place stated aborelated to this child as	mother: (a) At time of birth an ATTENDANT'S It I attended the birth of this ch ove, and that personal particular (Mother, etc.) M.D. Midwife Ss. rst duly sworn, say that I am the v, who attended thi (Last name) ove are true to the best of my k s.	Business d including this child	Date en the attendant does not sm 25. the person whose name apportunity years, and shall be located) have this birth recorded ur Signature
Business 22. Name prophylactic used to 23. Number of children of this 24. I HEREBY CERTIFY That and at the place stated aborelated to this child as	mother: (a) At time of birth an ATTENDANT'S t I attended the birth of this ch ove, and that personal particular (Mother, etc.) M.D. Midwife Ss. rest duly sworn, say that I am the v	Business d including this child	Date en the attendant does not sm 25. the person whose name apperature of the located) have this birth recorded ur Signature
Business 22. Name prophylactic used to 23. Number of children of this 24. I HEREBY CERTIFY The and at the place stated ab- related to this child as	mother: (a) At time of birth an ATTENDANT'S It I attended the birth of this ch ove, and that personal particular (Mother, etc.) M.D. Midwife Ss. rest duly sworn, say that I am the v	Business d including this child	Date en the attendant does not sm 25. the person whose name appearance in the located in the l
Business 22. Name prophylactic used to 23. Number of children of this 24. I HEREBY CERTIFY The and at the place stated ab- related to this child as	mother: (a) At time of birth an ATTENDANT'S t I attended the birth of this ch ove, and that personal particular (Mother, etc.) M.D. Midwife Ss. rest duly sworn, say that I am the v	Business d including this child	Date en the attendant does not am 25. the person whose name approperation in the located) have this birth recorded un Signa P. O. Add at Many Many Many Many Many Many Many Many

(1937 Session Laws, Chapter 139, Section 4)

297-129,0+3-113	346329 34632
Department of Commerce 1942 CERTIFICAT Bureau of the Census STATE O	of date of birth of THIS child) State File No Local Reg. No DF IDAHO Reg. Dist. No
1. PLACE OF BLOOM (And items at time of this birth) (a) County (b) City (c) Street Address or R.F.D. No(d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery:	2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State (b) County (c) City (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? (1) yrs
IN THIS county years months days	3. RESIDENCE OF FATHER (city, state)
4. FULL NAME J. rank Bigham 7. Twin or If so—born	
6. Sex Male Triplet 1st, 2nd, 3rd	of Pregnacy 9. Legitimate?
10. FULL NAME James Witton Bigham 11. Color 12. Age at time or Race of THIS birth 14 yrs.	MOTHER OF CHILD 16. FULL MAIDEN NAME E 17. Color 18. Age at time or Race of THIS birth 2 5 yrs
13. Birthplace (City or town) (State or foreign country) 14. Exact Occupation Pandaman 15. Industry or Business	19. Birthplace (City or town) (State or foreign country) 20. Exact Occupation Carry or Business
22. Name prophylactic used to prevent Ophthalmia Neonatorum	unknown
23. Number of children of this mother: (a) At time of birth an	ad including this child (b) Born alive and now living
24. I HEREBY CERTIFY That I attended the birth of this ch and at the place stated above, and that personal particular	s CERTIFICATE hild, who was
related to this child as	e made
State of	AFFIDAVIT to be completed when the attendant does not significant in Item 25.
I, the undersigned, being first duly sworn, say that I am the	eof the person whose name appear
in Item 4, above, that I am nowyears of age, th	(Mother, etc.) hat I have known this person foryears, and tha is birth
the facts on the certificate above are true to the best of my k Chapter 139, 1937 Session Laws.	(Is now deceased) or (Cannot be located)
	Signatur
	P. O. Address 1. Way Notary Public, residing at Emmed data
(Neta: Perjury is punishable as a felony in Idaho; see Sec.	U U
Received for filing on MAY 25 1942	by Mark Felder Registra

(1937 Session Laws, Chapter 139, Section 4)



	646-012-020-463	34776	347765
envelope certified	United States Department of Commerce 1 2 1942 CERTIFICA Bureau of the Census CERTIFICA STATE	s of date of birth of THIS child) ATE OF BIRTH OF IDAHO	State File No
certificate in filing. Each	1. PLACE OF BIRTH (All items at time of this birth) (a) CountyElmore(b) City.Atlanta(c) Street Address or R.F.D. No(d) Name of Hospital or Maternity Home: None, child born at home of mother (e) Mother's stay BEFORE delivery: IN THIS county years months days 4. FULL NAME OF CHILDCarrie Ella Wootan 7. Twin or If so—born 6. Sex Female Triplet no 1st, 2nd, 3	(c) CityAtlanta. (d) Street Address or R.F.L (e) How long has MOTHER 3. RESIDENCE OF FATHER (city 5. Date of Birth (Month, day 8. No. months	(b) County Elmore No
Jeing this certificate. Mail COMPLETED, Boise, Idaho, for filing. No charge for coin.	FATHER OF CHILD 10. FULL NAME James Evan Wootan 11. Color White of THIS birth, 35 yrs. 13. Birthplace Near Ridott, Illinois (City or town) (State or foreign country) 14. Exact Carpenter 15. Industry or Business 22. Name prophylactic used to prevent Ophthalmia Neonatoru	21. Industry or Business	otsuff 18. Age at time of THIS birth 33 yrs. nort, Illinois (State or foreign country) 1Sewife
ristics, der or	23. Number of children of this mother: (a) At time of birth	and including this child	orn alive and now living
ribbon in Vital Sta money or	24. I HEREBY CERTIFY That I attended the birth of this	(Born alive, stiliborn)	
ewriter rib teau of Vi cents, mo	and at the place stated above, and that personal particular related to this child as	(First name)	(Last name) Date
rd typite Builder	State of Idaho	AFFIDAVIT to be completed when in Item	the attendant does not sign
Use only BLACK lak or BLACK Reco	I, the undersigned, being first duly sworn, say that I am to in Item 4; above, that I am now	(Mother, etc.) that I have known this person for this birth NOW deceased (Is now deceased) or (Cannot be knowledge, and that, I desire to he lead to be	62years, and that
့ မှ မေရ (၂၈၈) (၂၈၈)	Received for filing on JUN 12 1942	by Mary I Led	Registrar.

(1937 Session Laws, Chapter 139, Section 4)

(1937 Session Laws, Chapter 139, Section 4)

732/9008249 United States (Be sure the information)	mation is as o	350/ f date of birth of THIS child)	state File N350128
Department of Commerce Bureau of the Census	CERTIFICATE STATE OF	OF BIRTH	Local Reg. NoReg. Dist. No
1. PLACE OF BIRTH (All items at time of this birth (a) County (b) City (dallo (c) Street Address or R.F.D. No (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery:	Get y	(a) State <u>Idaho</u> (c) City	THER (At time of this birth) (b) County. 130132 D. No. R lived in Idaho? 4 yr
IN THIS county 6 years ? months 4. FULL NAME OF CHILD	,	5. Date of Bir	ty, state) /doho City, /da th of Child ny, year) 4-19-1880
7. Twin or	If so—born 1st, 2nd, 3rd	8. No. months	y, year)
FATHER OF CHILD 10. FULL NAME John Pitchie 11. Color of Race White of THIS birth of	Neonatorume of this chil	16. FULL MAIDEN NAME 17. Color or Race 19. Birthplace (City or town) 20. Exact Occupation 21. Industry or Business including this child CERTIFICATE d, who was (Born alive, stillborn)	18. Age at time of THIS birth A yr (State or foreign country) Wife Born alive and now living A who
OWN signature	Midwife	Address	Date
State of	that I am the ars of age, that attended this best of my kn	(Mother, etc.) I have known this person for birth (Is now deceased) or (Cannot	the person whose name appea years, and the located have this birth recorded under
Subscribed and sworn to before me this	day of	Notary Public, residing	P. O. Addre
Received for filing on	b	Main Flo	Registr

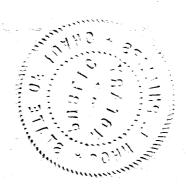
(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar fer record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge

in the premises.

	318-23/029-4/2			35033 2
979 -	United States	(Be sure the information is as	of date of birth of THIS child)	State File No
<u> </u>	Department of Commerce	CERTIFICATI		Local Reg. No
ΣĒ	Bureau of the Census	STATE O		Reg. Dist. No.
i i i c i c i c	1. PLACE OF BROTH All Items (a) County D. C.	at time of this hirth)	2. USUAL RESIDENCE OF MOT	HER (At time of the birth)
certificate filing. Ea	(c) Street Address or R.F.D.	No IYO	(a) State	(b) County
Ěģ	(d) Name of Hospital or Mai	ernity-Home:	(U) Oldy	ella ws
ŢĒ	Hon		(d) Street Address or R.F.I	D. No
• .	(e) Mother's stay BEFORE del IN THIS county ye	ivery:	(e) How long has MOTHER 3. RESIDENCE OF FATHER (cit;	y, state)
Maii COMPLETED 19. No charge for	4. FULL NAME OF CHILD	Observetta To;	5. Date of Birt (Month, day	h of Child y, year) Jan. 31, 1880
8 =	6. Sex Torono Triple	t 1st, 2nd, 3rd		9. Legitimate?
-=	10. FULL FATHER OF	Toylor	16. FULL MAIDEN	ta Yasan
certificate. sho, for fil	or Race (IIII)	Age time of Trus birth yrs.	17. Color or Race	18. Age at time of THIS birth 24 yrs.
E .	13. Birthplace State	of Jawa	19. Birthplace Sylvel	of One
흥울	(City or town)	(State or foreign country)	20. Exact (City or town)	(State or foreign country)
: <u>:</u>	14. Exact Occupation To	ner	Occupation Value	wife
ing thouse, joise, jin.	15. Industry or Business L		21. Industry or Business	
E 3	22. Name prophylactic used to p	revent Ophthalmia Neonatorum	zien	
			d including this child. (b) B	orn alive and now living 3
223		ATTENDANT'S		
bon ir	24. I HEREBY CERTIFY That		ild, who wasat (Born alive, stillborn)	M. on the date
i e i	and at the place stated aborelated to this child as	ve, and that personal particular	s were furnished by(First name	(Last name) who is
	25. Attendant's	M.D.		
22.0	OWN signature	Midwife		Date
State B	State of County of The understorned theing fir		AFFIDATIT to be completed when in Item	n the attendant does not sign a 25. he person whose name appears
2			(Mother, etc.) at I have known this person for	
BLACK stage paym	(First name)	(best name), who attended this	s birth (Is now deceased) or (Cannot be	I further state that
S Po	the facts on the certificate above Chapter 139, 1937 Session Laws		nowledge, and that I desire to h	ave this birth recorded under
K Tak CLAS			Vella Taylor	Signature P. O. Address
BLAC FIRST	Subscribed and sworn to be		Notary Public, residing a	19
Je pe	(Note: Perjury is purshab	le as a felony in Idaho, see Sec.	17-914, Idaho Code Annotated.	Jan /
Use c bearing	Received for filing on			Registrar.

(1937 Session Laws, Chapter 139, Section 4)



385-011206-7	53		351226
United States Department of Commerce Bureau of the Census	(Be sure the information is as o CERTIFICATE STATE OF	OF BIRTH	State File No Local Reg. No Reg. Dist. No
(c) Street Address or R.F.D.(d) Name of Hospital or Ma	(b) City	(a) State Sland (b) City Malas (c) City Malas (d) Street Address or R.F.D (e) How long has MOTHER	(b) County Ones
IN THIS county ye	ears months days	3. RESIDENCE OF FATHER (city	, state) Malad Ida
6. Sex lengle 7. Twin	or If so—born	8. No. months	9. Legitimate?
10. FULL SATHER OF THE PROPERTY OF THE PROPERT	2. Age at time of THIS birth 3.2 yrs. (State or foreign country)	16. FULL MAIDEN NAME 17. Color or Race (City or town) 20. Exact Occupation Dance 21. Industry or	8. Age at time of THIS birth 22 yrs. (State or foreign country)
Business 22. Name prophylactic used to p 23. Number of children of this:	prevent Ophthalmia Neonatorum mother: (a) At time of birth and	Business Coult Another including this child (21), (b) Bo	orn alive and now living.
24. I HEREBY CERTIFY That	ATTENDANT'S I attended the birth of this chil	ld, who wasat	
related to this child as	(Mother, etc.) M.D.	(First name)	(Last name) who is
OWN signature State of Washing County of Spokane	Midwife ton	Address AFFIDAVIT to be completed when	Date the attendant does not sign
I, the undersigned, being fir in Item 4 above, that I can low	st duly sworn, say that I am the	in Item Mother of th (Mother, etc.) t I have known this person for birth	e person whose name appears years, and that I further state that
the facts on the certificate about 139, 1937 Session Laws	4 ~~1	(Is now deceased) or (Cannot be owledge, and that I desire to he will a Cardner Av. Spokan	we this birth recorded under
(SEAL)	efore this 13th day of.	July, Notary Public, residing a	., 13,42
Received for filing on JUL	1 6 1942	IAA H M de	, Registrar.

(1937 Session Laws, Chapter 139, Section 4)



(Be sure the information is as of date of birth of THIS child) State File No..... CERTIFICATE OF BIRTH Local Reg. No..... Department of Commerce Bureau of the Census STATE OF IDAHO Reg. Dist. No..... 2. USUAL RESIDENCE OF MOTHER (At time of this birth) 1. PLACE OF BIRTH (Allitems at time of this birth) (a) County Lital (b) City Marcon (a) State Idalo (b) County Lalah (c) Street Address or R.F.D. No.A. 7 (c) City Mas arr (d) Street Address or R.F.D. No. 77.8 (d) Name of Hospital or Maternity Home: (e) How long has MOTHER lived in Idaho?... (e) Mother's stay **BEFORE** delivery: 3. RESIDENCE OF FATHER (city, state) Morend IN THIS county months davs 5. Date of Birth of Child 4. FULL NAME (Month, day, year) Apr 2 3 /80 OF CHILD..... If so_born 7. Twin or 8. No. months Triplet 1st, 2nd, 3rd of Pregnancy 9 9. Legitimate? FATHER OF CHILD MOTHER OF CHILD 16. FULL MAIDEN 7/ NAME..... 11. Color 12. Age at time 17. Color 18. Age at time of THIS birth Livrs. of THIS birth... 38 or Race..... 19. Birthplace Man que Co -13. Birthplace (State or foreign country) (City or town) (State or foreign country) 20. Exact Exact Occupation Occupation.... 15. Industry or 21. Industry or Business Business 22. Name prophylactic used to prevent Ophthalmia Neonatorum...... 23. Number of children of this mother: (a) At time of birth and including this child......(b) Born alive and now living...... ATTENDANT'S CERTIFICATE and at the place stated above, and that personal particulars were furnished by....., who is (First name) (Last name) related to this child as.....(Mother, etc.) M.D. 25. Attendant's Midwife Address Date **OWN** signature State of Idaho AFFIDAVIT to be completed when the attendant does not sign County of Latah in Item 25. in Item 4, above, that I am now years of age, that I have known this person for 62 years, and that (Last name), who attended this birth (Is now deceased) or (Cannot be located) (First name) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. a J. Tanaom Signature 326 E. 6th St., Moscow, Idaho P.O. Address Subscribed and sworn to before me this 29th day of July 19 42. HARRY A. THATCHER, Ex-Officio Anditor and Recorder (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Aynotatel.) py Received for filing on 111 3.0 1942.

3 11 m L 24

DELAYED REGISTRATION LAW

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HOMA CONTRACTOR SAME

(1937 Session Laws, Chapter 139, Section 4)

	855 725 044 -864		355031
8.2	United States (Be sure the information is as	of date of birth of THIS child)	State File No
음품	Department of Commerce CERTIFICAT	E OF BIRTH	Local Reg. No
Ce T	Bureau of the Census STATE O	F IDAHO	Reg. Dist. No
ertificate in diling. Each	1. PLACE OF BIRTH (All items at time of this birth) (a) County Mashing Lan (b) City Saluntia (c) Street Address of R.F.D. No	(c) CityS.a.lu.b.r.ia.	HER (At time of this birth) (b) County Mashing Ian
for 6	(e) Mother's stay BEFORE delivery: IN THIS county years months days	(e) How long has MOTHER 3. RESIDENCE OF FATHER (cit	lived in Idaho? Th. T.C. yrs. y, state) Salubria Idaho
COMPLETED to charge for	4. FULL NAME Frederick Sylvester Heno	5. Date of Birt (Month, day	h of Child Sept. 25, 1880
0 2 2	6. Sex hale 7. Twin or If so—born 1st, 2nd, 3rd		ne 9. Legitimate? Yes.
ng this certificate. Mai bise, Idaho, for filing. in.	FATHER OF CHILD 10. FULL NAME (AThanie) Washing tan Henderson 11. Color or Race of THIS birth 34 yrs. 13. Birthplace (City or town) (State or foreign country) 14. Exact Occupation Carmer 15. Industry or Business	16. FULL MAIDEN 77271102	18. Age at time of THIS birth 30 yrs. Miss out 1.
\$ \alpha \overline{g}	22. Name prophylactic used to prevent Ophthalmia Neonatorum	• • • • · · · · · · · · · · · · · · · ·	
tics.	23. Number of children of this mother: (a) At time of birth an		
S to S	the state of the s	CERTIFICATE	
bon interest of the second	24. I HEREBY CERTIFY That I attended the birth of this ch	uild, who wasatat	M. on the date
iter rib of Vii ts, mo	and at the place stated above, and that personal particular related to this child as(Mother, etc.)	s were furnished by(First name) (Last name)
reau	25. Attendant's M.D. OWN signature Midwife	e Address	Date
X Record tyles to State Bu	I, the undersigned, being first duly sworn, say that I am the	at I have known this person for	n 25. he person whose name appears
BLAC postage	Mrs. Charles Sheppard who attended the (First name) (Last name) the facts on the certificate above are true to the best of my k	(22 non december) or (Carnet B	
K Ink or -CLASS print advance	Chapter 139, 1937 Session Laws.	thowledge, and that I desire to remain the same of the	Signature P. O. Address
y BLAC FIRST.	(SEAL)	Notary Public, residing a	1042
te onl aring py re	Mote: Perjury is punishable as a feloni in Idaho; see Sec.	17-914, Idaho Coda Annotated.)	
5 & 8	Received for filing on AUG 24 942	by II Say (Say	Registrar.

(1937 Session Laws, Chapter 139, Section 4)

<u>.</u> 0	United States (Be sure the	information is as of date of birth of THI	S child) State File 355471
Z	Department of Commerce	CERTIFICATE OF BIRTH	Local Reg. No.
Š sais	Bureau of the Census	STATE OF IDAHO	Reg. Dist. No
daho, for filing.	1. PLACE OF BIRTH (All items at time of to (a) County	angeville. (a) State lucin (c) City near	Crangeville on farm s or R.F.D. No. none MOTHER lived in Idaho? 2
g ig	(e) Mother's stay BEFORE delivery: IN THIS county 2 years 9 mo	onths days 3. RESIDENCE OF	FATHER (city, state) Same place
s, Boise,	4. FULL NAME James Henry Ric 7. Twin or 6. Sex male Triplet no	If so—born 8. No. mo 1st, 2nd, 3rd — 6 of Pre	gnancy 9 9. Legitimate 9 6 5
atistic nts, n	10. FULL Charles Lewis Ri	ce 16. FULL MAIDEN NAME LATEUR	erite sophia McCready
	11. Color or Race White of THIS!	ne 33 r. Colorwhite	18. Age at time of THIS birth 21 yrs.
f Vita	13. Birthplace Portland (City or town) (State or for the company of the company o	reign country) 19. Birthplace	riposa California (yor town) (State or foreign country) Housewife
esu o	15. Industry or Farmer Business	21. Industry or Business	same
Bar	22. Name prophylactic used to prevent Ophth		
2 2 2	23. Number of children of this mother: (a) A		.Z(b) Born alive and now living. L
to Sta	24. I HEREBY CERTIFY That I attended and at the place stated above, and that p	the birth of this child, who was	we, stillborn) M. on the date
age age	related to this child as(Mother, e	ersonal particulars were furnished by	First name) (Last name)
posts equire	25. Attendant's OWN signature	tc.) M.D. Midwife Address	Date
CLASS copy r	State of Roch Ss.	AFFIDAVIT to be con	npleted when the attendant does not sign in Item 25.
Bed			of the person whose name appears
E P	in Item 4, above, that I am now74		
earing Each	(First name) (Last name) the facts on the certificate above are true t Chapter 128, 1937 Session Laws.	o the best of my knowledge, and that I	
nvelope b r filing.		Julia S. 734 Tenth St Clarkston	Occide Signature Signature Signature
cate in envelope because charge for filling.	Subscribed and sworp to before me this	29th day of August	, 19.42
se on te in sarge			ublic, residing at Clarkston Wn
5 5 5	Received for filing on SEP 2 1942	by halid	, Registrar.
	***************************************	₹	

endiner ver

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

United States Department of Commerce	-	of date of birth of THIS child)	State File No Local Reg. No
Bureau of the Census	CERTIFICATE O	F IDAHO	Reg. Dist. No
			
1. PLACE OF BIRTH (All items	s at time of this birth)	2. USUAL RESIDENCE OF MOT	
	(b) City Middleton	(a) Statedaho	
	D. No	(c) City maiddle	ton
(d) Name of Hospital or M	•	(d) Street Address or R.F.	D. No
(e) Mother's stay BEFORE of IN THIS county	lelivery: 7 months 9 days	(e) How long has MOTHER 3. RESIDENCE OF FATHER (cit	lived in Idaho?
A FULL NAME A	140	5 Date of Rive	h of Child
OF CHILD Jarry	, U Givens		y, year) 10 ec. 24-1
6. Sex Male 7. Two		8. No. months of Pregnacy 9	O Tagitimata 2 1 1 a
			9. Legitimate? Le
40	OF CHILD	16. FULL MAIDEN	OF CHILD
NAME YULLAND	obert Sevens	NAME MARTINE	Lusan Shirler
11. Color	12. Age at time	17. Color	18. Age at time
or Race	of THIS birth3.Oyrs.	or Race	of THIS birth
(City or foven)	(State or foreign country)	(City or town)	(State or foreign country
14 Revent		20. Exact Occupation	
Occupation		21. Industry or	- The second
Business	0	Business	U
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	prevent Onhthalmia Neonatorum	<u> </u>	
22. Name prophylactic used to	prevent Ophthalmia Neonatorum		
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22. Name prophylactic used to 23. Number of children of this	s mother: (a) At time of birth an	d including this child	Sorn alive and now living
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(1937 Session Laws, Chapter 139, Section 4)

Danagermant of Comme	- 40	the information is as		'HIS child) State File No Local Reg. No
Department of Commerce Bureau of the Census	° SEP 9 19	47 CERTIFICATE OF STATE OF		Reg. Dist. No
1. PLACE OF BIRTH (All (a) CountyA.C.	items at time of t	NEW PLYMOU	2. USUAL RESIDI	NCE OF MOTHER (At time of this
(c) Street Address or	R.F.D. No.			w Plymouth
(d) Name of Hospital	or Maternity Hon	ne:		dress or R.F.D. No. R.F.D.
(e) Mother's stay BEF IN THIS county	ORE delivery: years r	months days	3. RESIDENCE OF	has MOTHER lived in Idaho?
4. FULL NAME JESS	E Andrew	GROVES-	5.	Date of Birth of Child (Month, day, year)
7.	Twin or	If so-born		months •
6. Sex MALE	Triplet	1st, 2nd, 3rd	of I	Pregnacy 9. Legitimate?
	HER OF CHILD		10	MOTHER OF CHILD
10. FULL Willi	am Gro	rvee	16. FULL MAIDE	
11. Color \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	12. Age at t		17. Color	18. Age at time
or Race White		birthyrs.	or Race	of THIS birth
13. Birthplace (City or t	am, Buck	or foreign country)	19. Birthplace	fayettirelle, arkano (City or town) (State or foreign of
14 Towart			20. Exact	1 ' 1
Occupation Jay			Occupation 21. Industry or	Housewife
	mina		Business	
		thalmia Manatawin	·	
		\ At times of high on	d including this child	The Born alive and some live
25. Number of children of	or this mother: (a,			i (b) Born alive and now livi
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		ATTENDANT'S	CERTIFICATE	at
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24. I HEREBY CERTIF	Y That I attended ted above, and tha	ATTENDANT'S if the birth of this characteristic personal particular	CERTIFICATE ild, who was(Born ali	atM. on ve, stillborn)
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24. I HEREBY CERTIF and at the place state related to this child at the place state of the country of the country of the undersigned, but in Item 4, above, that I at the certification of the certif	Y That I attended ted above, and that is (Mother left) and is seeing first duly swood management (Last name) the above are true	ATTENDANT'S If the birth of this characteristic transfer is the birth of this characteristic transfer is the birth of this characteristic. M.D. Midwife is is a second of the birth of this characteristic. M.D. Midwife is in the birth of this characteristic. M.D.	CERTIFICATE ild, who was	mat
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and at the place state related to this child a 25. Attendant's OWN signature State of County of	Y That I attended ted above, and that is (Mother left) and the second many sec	ATTENDANT'S If the birth of this charter that the birth of this charter than the manner of the birth of this charter than the manner of the best of my karter than the best of my karte	CERTIFICATE ild, who was (Born all s were furnished by Address AFFIDAVIT to be constitution of the c	Date Date Ompleted when the attendant does in Item 25. of the person whose name is person for be 2 years, ed) or (Cannot be located) I desire to have this birth record
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and at the place state related to this child at the place state related to this child at 25. Attendant's OWN signature State of County	Y That I attended ted above, and that is (Mother lands) with a series of the above are true in Laws.	ATTENDANT'S If the birth of this character to the best of my k If the birth of this character than the last of my k If the best of my	CERTIFICATE ild, who was (Born all s were furnished by Address AFFIDAVIT to be co (Mother, etc.) at I have known the s birth (Is now decease nowledge, and that Notary Pul 17-914, Idaho Code	Date

(1937 Session Laws, Chapter 139, Section 4)



State File No. 35585 184 speche information is as of date of birth of THIS child) Department of CommerceSEP Local Reg. No. CERTIFICATE OF BIRTH Bureau of the Census STATE OF IDAHO Reg. Dist. No.... 1. PLACE OF BIRTH (All items at time of this birth) 2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) County (b) City Go-Ler daho (a) State Lake (b) County (c) Street Address or R.F.D. No..... (c) City Boise (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? Lyrs. (e) Mother's stay **BEFORE** delivers years Limonths 3. RESIDENCE OF FATHER (city, state) IN THIS county FULL NAME Date of Birth of Child. (Month, day, year) heb. 5 1880 OF CHILD...S 7. Twin or If so-born 8. No. months Triplet 1st. 2nd, 3rd of Pregnancy 9. Legitimate? YEL FATHER OF CHILD MOTHER OF CHILD 16. FULL MAIDEN NAME Larah 11. Color 17. Color or Race VVIV or Race. 19. Birthplace 13. Birthplace (State or foreign country) (City or town) (State or foreign country) City or town) 14. Exact. 20. Exact. Occupation House vvy Occupation / assure 15. Industry or 21. Industry or **Business** Business 22. Name prophylactic used to prevent Ophthalmia Neonatorum. 23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living Inc. ATTENDANT'S CERTIFICATE and at the place stated above, and that personal particulars were furnished by....., who is (First name) (Last name) related to this child as....(Mother, etc.) Attendant's **OWN** signature Midwife Address Date State of WAT AFFIDAVIT to be completed when the attendant does not sign County of in Item 25. of the person whose name appears (Mother, etc.) ant, who attended this birth DEceused. I further state that (Is now deceased) or (Cannot be located) (Last name) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. P. O. Address Subscribed and sworn to before me thisNotary Public, residing at. (SÉAL) Idaho: see Sec. 17-914 Idaho Code Amotated. (Note: Perjury is punishable as a felony is Received for filing on............

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DELAYED REGISTRATION LAW

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(1937 Session Laws, Chapter 139, Section 4)

191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or

Where the birth of a child born prior to the effective date of Chapter

Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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夏"。	Department of Commerce	OFD 90 1049 C		E OF BIRTH		Local Reg. No	
පී 🙀	Bureau of the Census	SEP 30 1942	STATE O	F IDAHO]	Reg. Dist. No	
COMPLETED certifiaho, for filing. No	1. PLACE OF BIRTH (All items at time of this birth) (a) County Bannock (b) City Stockton			2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State Idaho (b) County Bannock (c) City Stockton (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? 12 yrs.			
Q a s		**************************************	•••••	(a) Direct Aud	NOTHERD 15	La Table 12	
≒ ™≅	(e) Mother's stay BEF 4 IN THIS county 4			3. RESIDENCE	OF FATHER (ity, state) Stockton Ida	
Mail olse,]	4. FULL NAME Laura Theresa Potter						
ste. s, Bo	female (.)	Twin or X	If so—born 1st, 2nd, 3rd	X 8. No.	months 9	9. Legitimate? yes	
rtific istice ts, m	FATHER OF CHILD			16. FULL MAID	MOTHER OF	CHILD	
this certificate. Ma al Statistics, Bolse, fty cents, money or	11. Color white	12. Age at time of THIS birth	40 yrs.	or Race whi	te ^{18.}	Age at time of THIS birth 40 vrs	
₩ # ₩	13. Birthplace(City or town	n) (State or foreign or		19. Birthplace			
4 4	14. Exact F	a wma w		20. Exact	Housewi	.fe	
completing eau of V	Occupation	armer ng-livestock rais	ing	Occupation 21. Industry or Business		fe	
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田野豆	22. Name prophylactic used	22. Name prophylactic used to prevent Ophthalmia Neonatorum					
989	23. Number of children of t					n alive and now living	
ribbon in com State Bureau dvance payme	ATTENDANT'S CERTIFICATE 24. I HEREBY CERTIFY That I attended the birth of this child, who wasat M. on the (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by						
	24. I HEREBY CERTIFY	That I attended the bi	irth of this (child, who was	alive stillhorn)	M. on the date	
15 t t	and at the place stated	above, and that persona	d particulars	were furnished by	i anve, stimborn,		
- A	and at the place stated			were rurinsned by.		, who is	
swrt age es al	related to this child as		***********	were rurinshed by:	(First name)	(Last name)	
ypewrfi ostage zires az	related to this child as	(Mother, etc.)	************	were furnished by.	(First name)	, who is (Last name)	
typewrit postage juires a	related to this child as 25. Attendant's OWN signature	(Mother, etc.)	M.D.	Address	(First name)	, who is (Last name) Date	
ord typewrii SS postage r requires as	25. Attendant's OWN signature	(Mother, etc.)	M.D. Midwife	Address		Date	
CLASS postage copy requires as	25. Attendant's OWN signature State of Idaho County of Bannock	(Mother, etc.)	M.D. Midwife	Address AFFIDAVIT to be	completed when	Date the attendant does not sign 25.	
OK Record typewri ST-CLASS postage led copy requires as	25. Attendant's OWN signature State of Idaho County of Bannock	(Mother, etc.)	M.D. Midwife	Address AFFIDAVIT to be	completed when	Date the attendant does not sign 25.	
ACK Record typewri IRST-CLASS postage tified copy requires as	25. Attendant's OWN signature State of Idaho County of Bannock	(Mother, etc.)	M.D. Midwife	Address AFFIDAVIT to be	completed when	Date the attendant does not sign 25.	
BLACK Record FIRST-CLASS certified copy rec	25. Attendant's OWN signature State of Idaho County of Bannock I, the undersigned, being in Item 4, above, that I among the state of the state o	(Mother, etc.)	M.D. Midwife	Address AFFIDAVIT to be the Sister (Mother, etc. that I have known	completed when in Item in the in the in the in the in this person for	Date the attendant does not sign 55. person whose name appears 62	
BLACK Record FIRST-CLASS certified copy rec	25. Attendant's OWN signature State of Idaho County of Bannock I, the undersigned, being in Item 4, above, that I among the state of the state o	(Mother, etc.)	M.D. Midwife	Address AFFIDAVIT to be the Sister (Mother, etc. that I have known birth is now d	completed when in Item ?of the this person for eceased	Date the attendant does not sign 25. person whose name appears 62	
BLACK Record FIRST-CLASS certified copy rec	25. Attendant's OWN signature State of Idaho County of Bannock I, the undersigned, bein in Item 4, above, that I an Mrs. Betsy Cler (First name) the facts on the certificate	(Mother, etc.) SS. Ss. 17	M.D. Midwife	Address AFFIDAVIT to be the sister (Mother, etc. that I have known birth is now decreed)	completed when in Item 2of the this person for eceased used) or (Cannot be	Date the attendant does not sign 25. person whose name appears 62	
Ink or BLACK Record bearing FIRST-CLASS Each certified copy rec	25. Attendant's OWN signature State of Idaho County of Bannock I, the undersigned, bein in Item 4, above, that I am Mrs. Betsy Cler (First name)	(Mother, etc.) Ss. Ss. ng first duly sworn, say 77 n now y (Last name) above are true to the	M.D. Midwife that I am to years of age, attended this best of my l	Address AFFIDAVIT to be the Sister (Mother, etc. that I have known birth is now decease knowledge, and that	completed when in Item ?of the) this person for eceaseded) or (Cannot be t I desire to ha	Date the attendant does not sign 25. person whose name appears 62 years, and that located) ve this birth recorded under	
K Ink or BLACK Record be bearing FIRST-CLASS g. Each certified copy rec	25. Attendant's OWN signature State of Idaho County of Bannock I, the undersigned, bein in Item 4, above, that I an Mrs. Betsy Clerk (First name) the facts on the certificate Chapter 139, 1937 Session in the certificate of the certificate chapter 139, 1937 Session in the certificate c	(Mother, etc.) Ss. Ss. ng first duly sworn, say 77 n now y (Last name) above are true to the	M.D. Midwife that I am to years of age, attended this best of my l	Address AFFIDAVIT to be the Sister (Mother, etc. that I have known birth is now down knowledge, and that I have knowledge, and that I have knowledge, and that I have knowledge is now decease.	completed when in Item ?of the this person for eceased	Date the attendant does not sign 155. person whose name appears 62 years, and that located) ve this birth recorded under	
K Ink or BLACK Record be bearing FIRST-CLASS g. Each certified copy rec	25. Attendant's OWN signature State of Idaho County of Bannock I, the undersigned, bein in Item 4, above, that I an Mrs. Betsy Clerk (First name) the facts on the certificate Chapter 139, 1937 Session in the certificate of the certificate chapter 139, 1937 Session in the certificate c	(Mother, etc.) Ss. Ss. 177 178 179	M.D. Midwife that I am to years of age, attended this best of my leading to the control of the	Address AFFIDAVIT to be the sister (Mother, etc. that I have known birth is now downwood (Is now decease knowledge, and that I have ho	completed when in Item ?of the this person for eceased	the attendant does not sign 55. person whose name appears 62 years, and that located) ve this birth recorded under Signature Idaho P. O. Address	
K Ink or BLACK Record be bearing FIRST-CLASS g. Each certified copy rec	25. Attendant's OWN signature State of Idaho County of Bannock I, the undersigned, bein in Item 4, above, that I an Mrs. Betsy Clerk (First name) the facts on the certificate Chapter 139, 1937 Session in the certificate of the certificate chapter 139, 1937 Session in the certificate c	(Mother, etc.) Ss. In the second of t	M.D. Midwife That I am to years of age, attended this best of my leading to the control of the	Address AFFIDAVIT to be the sister (Mother, etc. that I have known birth is now down (Is now decer knowledge, and that I have Ho	completed when in Item 2 of the 2 this person for eceased ased or (Cannot be t I desire to ha t Springs,	the attendant does not sign 55. person whose name appears 62 years, and that located) ve this birth recorded under Signature Idaho P. O. Address	
K Ink or BLACK Record be bearing FIRST-CLASS g. Each certified copy rec	25. Attendant's OWN signature State of Idaho County of Bannock I, the undersigned, bein in Item 4, above, that I an Mrs. Betsy Clerk (First name) the facts on the certificate Chapter 139, 1937 Session in the certificate of the certificate chapter 139, 1937 Session in the certificate c	(Mother, etc.) Ss. In the second of t	M.D. Midwife That I am to years of age, attended this best of my leading to the control of the	Address AFFIDAVIT to be the sister (Mother, etc. that I have known birth is now down (Is now decer knowledge, and that I have Ho	completed when in Item 2 of the 2 this person for eceased ased or (Cannot be t I desire to ha t Springs,	the attendant does not sign 55. person whose name appears 62 years, and that located) ve this birth recorded under Signature Idaho P. O. Address	
K Ink or BLACK Record be bearing FIRST-CLASS g. Each certified copy rec	25. Attendant's OWN signature State of Idaho County of Bannock I, the undersigned, bein in Item 4, above, that I an Mrs. Betsy Clerk (First name) the facts on the certificate Chapter 139, 1937 Session in the certificate of the certificate chapter 139, 1937 Session in the certificate c	(Mother, etc.) SS. SS. Mother, etc.) SS. Mother Mother Mother Mother Mother Mot	M.D. Midwife That I am to years of age, attended this best of my leads to the control of the co	Address AFFIDAVIT to be the sister (Mother, etc. that I have known birth is now downwood (Is now decease knowledge, and that Lava Ho Sept. Notary 17-914, Taho Coffee	completed when in Item 2 of the 2 this person for eceased ased or (Cannot be t I desire to ha t Springs,	the attendant does not sign 25. person whose name appears 62 years, and that located) ve this birth recorded under Signature Idaho P. O. Address 19 42 g at Lava Hot Springs	
Ink or BLACK Record bearing FIRST-CLASS Each certified copy rec	25. Attendant's OWN signature State of Idaho County of Bannock I, the undersigned, bein in Item 4, above, that I an Mrs. Betsy Clerk (First name) the facts on the certificate Chapter 139, 1937 Session in the certificate of the certificate chapter 139, 1937 Session in the certificate c	(Mother, etc.) SS. SS. Mother, etc.) SS. Mother Mother Mother Mother Mother Mot	M.D. Midwife That I am to years of age, attended this best of my leads to the control of the co	Address AFFIDAVIT to be the sister (Mother, etc. that I have known birth is now downwood (Is now decease knowledge, and that Lava Ho Sept. Notary 17-914, Taho Coffee	completed when in Item of the this person for eceased used) or (Cannot be t I desire to hat t Springs, ember	the attendant does not sign 55. person whose name appears 62 years, and that located) ve this birth recorded under Signature Idaho P. O. Address	

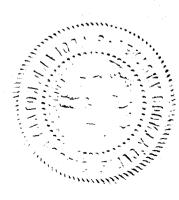
(1937 Session Laws, Chapter 139, Section 4)

,	689-122001813	s of data of hirth of THIS child) State File No. 360153			
46	United States (Be sure the information is as	s of date of birth of THIS child) State File No.			
管門	•	TE OF BIRTH Local Reg. No			
හි කුර		OF IDAHO Reg. Dist. No			
TED CA	1. PLACE OF BIRTH (All items at time of this birth)	2. USUAL RESIDENCE OF MOTHER (At time of this birth)			
	(a) County ada (b) City Star	(a) State Odyho (b) County ada			
FOL	(c) Street Address or R.F.D. No	(c) City Star			
₹ ° 8	(d) Name of Hospital or Maternity Home:	(d) Street Address or R.F.D. No			
Ö de t	(e) Mother's stay BEFORE delivery:	(e) How long has MOTHER lived in Idaho? — 9-12 yrs.			
	IN THIS county / years 4 months 12 days	3. RESIDENCE OF FATHER (city, state) star I daho			
Mail COMPLETED certificies, Idaho, for filing. No y order or coin.	4. FULL NAME Elijah Thomas Ith	5. Date of Birth of Child may 22-1880 (Month, day, year)			
E H	6. Sex Male Triplet If so—bor 1st, 2nd, 3r	8. No. months of Pregnancy 9. Legitimate?			
<u> </u>	FATHER OF CHILD	MOTHER OF CHILD			
ist.	10 FULL 1-4	16. FULL MAIDEN Frances Ellen Hall			
tat en ta	11. Color Only 1 12. Age at time	17. Color (4) - 18. Age at time 6 C -			
S S	or Race A hit of THIS birth 43 yrs.	or Race of THIS birth & S yrs.			
typewriter ribbon in completing this certificate. postage to State Bureau of Vital Statistics, H quires an advance payment of fifty cents, mone	13. Birthplace near Springfilla Mo (City or town) (State or foreign country)	19. Birthplace Just Oul (Culiforms) (City or town) (State or foreign country)			
# 7 P	14. Exact Occupation farmer	20. Exact			
d of	15. Industry or	Occupation 21. Industry or			
S T T T T T T T T T T T T T T T T T T T	Business	Business			
n c ure	22. Name prophylactic used to prevent Ophthalmia Neonatorum.				
H 8	23. Number of children of this mother: (a) At time of birth and including this child(b) Born alive and now living				
ate and	ATTENDANT'	S CERTIFICATE			
石ある	24. I HEREBY CERTIFY That I attended the birth of this	child, who was			
ter a to	and at the place stated above, and that personal particular	rs were furnished by, who is (First name) (Last name)			
MATI Per s	related to this child as	(First name) (Last name)			
arte of the	(Mother, etc.)				
	25. Attendant's M.D. OWN signature Midwif	fe Address Date			
SS	State of California ss.				
only BLACK Ink or BLACK Record in envelope bearing FIRST-CLASS ge for filing. Each certified copy re	County of Ventura ss.	AFFIDAVIT to be completed when the attendant does not sign in Item 25.			
	I, the undersigned, being first duly sworn, say that I am	thesister			
THE.		(Mother, etc.) e, that I have known this person for60years, and that			
WH S	Sarah Bass , who attended the (First name)	is birth			
<u></u>		(Is now deceased) or (Cannot be located) knowledge, and that I desire to have this birth recorded under			
	Chapter 139, 1937 Session Laws.				
¥ 9 9	1 Cym	g office well Signature			
Age	186	to Jucific abe Veulling P. O. Address			
y BLACK envelope for filing.	Subscribed and sworn to before me this day of	of November calif 1942			
to to	(SPAL)	My Commission Expires April 20, 1944 Notary Public residing at Julium 1941			
o or	(Note: Perjury is punishable as a relony in Idaho; see Se	c. 17-914 Adaho Colle Ann tated.			
Ust cat	Received for filing on NOV 1.7 1942	by Registrar			
	4 * * * * * * * * * * * * * * * * * *				

LUL ROY

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)



545-109-036-552 State File No. 361993 (Be sure the information is as of date of birth of THIS child) United States Department of Commerce CERTIFICATE OF BIRTH Local Reg. No..... Bureau of the Census STATE OF IDAHO Reg. Dist. No..... 1. PLACE OF BIRTH (All items at time of this birth) 2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) County ONEDIA (b) City ELCORN (a) State / D. H. H.O. (b) County ON EDIH (c) Street Address or R.F.D. No. (c) City ELCORM (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No. born at home. (e) How long has MOTHER lived in Idaho? 30 vrs. (e) Mother's stay **BEFORE** delivery: 3. RESIDENCE OF FATHER (city, state) ELT. RN-10740 IN THIS county 4. FULL NAME OF CHILD SO ESPH_ NO MILLEY NIEFFENEGGER 5. Date of Birth of Child (Month, day, year) #UGUST 7, 1880 If so-born 7. Twin or 8. No. months of Pregnancy 9 9. Legitimate? 1st. 2nd. 3rd Triplet FATHER OF CHILD MOTHER OF CHILD NAME ESTHER NESSER NAME SODL 12. Age at time 11. Color 17. Color or Race WHIT or Race. WH of THIS birthyrs. W 1857L H NO
(State or foreign country) 14. Exact 20. Exact Occupation HOUSE WIFE Occupation 7 Kmer 15. Industry or 21. Industry or **Business Business** 22. Name prophylactic used to prevent Ophthalmia Neonatorum. 23. Number of children of this mother; (a) At time of birth and including this child........(b) Born alive and now living 3..... ATTENDANT'S CERTIFICATE 24. I HEREBY CERTIFY That I attended the birth of this child, who was bornalive, stillborn M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ... ESther ... Nieffenegger..., who is (First name) related to this child as mother (Mother, etc.) 25. Attendant's Midwife Address **OWN** signature Date State of Idaho AFFIDAVIT to be completed when the attendant does not sign County of Oneida in Item 25. I, the undersigned, being first duly sworn, say that I am the relative of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for \$2 years, and that Many Stuart , who attended this birth 1S now deceased . I further state that (Last name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. 7th day of December 1942 Subscribed and sworn to before me this... (SEAL) Notary Public, residing at Malad, Idaho (Note: Perjury is punishable as a felony in Idaho (see Sec. 17-914, Idaho Code Annotated.) Received for filling on DEC 10 1942

(1937 Session Laws, Chapter 139, Section 4)

367/04001-465	tion in an of data of black of MYTTO abile	state File No. 363720
	tion is as of date of birth of THIS child	
Bureau of the Census S	RTIFICATE OF BIRTH STATE OF IDAHO	Local Reg. NoReg. Dist. No
1. PLACE OF BIRTH (All items at time of this birth) (a) County Ada (b) City Boise (c) Street Address or R.F.D. No.	(a) State Idaho	AOTHER (At time of this birth) (b) CountyAda
(d) Name of Hospital or Maternity Home:	(d) Street Address or I	L.F.D. No
(e) Mother's stay BEFORE delivery: IN THIS county 1 years 6 months	(e) How long has MOT	HER lived in Idaho?7yrs. (city, state) Boise Idaho
4. FULL NAME Leonard Louis Copeland		Birth of Child day, year) 2/4/1880
7. Twin or If a	so—born 8. No. months t, 2nd, 3rd - of Pregnacy	
FATHER OF CHILD		ER OF CHILD
10. FULL Charles Louis Copeland	16. FULL MAIDEN Sar	ah Donovan
11. Color white 12. Age at time 35 of THIS birth 35 13. Birthplace Independence Missouri	yrs. 17. Color white or Race white 19. Birthplace St Lou	18. Age at time 28 yrs. is Missouri
(City or town) (State or foreign cour	20. Exact Hou	vn) (State or foreign country) S ewife
Occupation DISCKSHILL	Occupation	30W110
15. Industry or Business	21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Ne	eonatorum	••••••••••••••••
23. Number of children of this mother: (a) At time of	f birth and including this child4	b) Born alive and now living
	ENDANT'S CERTIFICATE	
•		at M on the data
24. I HEREBY CERTIFY That I attended the birth of	of this child, who was(Born alive, stillborn) on the date
24. I HEREBY CERTIFY That I attended the birth of and at the place stated above, and that personal prelated to this child as	particulars were furnished by(First	, who is name) (Last name)
and at the place stated above, and that personal prelated to this child as(Mother, etc.)	particulars were furnished by(First	, who is
and at the place stated above, and that personal related to this child as(Mother, etc.) 25. Attendant's OWN signature	particulars were furnished by M.D. Midwife Address AFFIDAVIT to be completed	Date Date when the attendant does not sign
and at the place stated above, and that personal related to this child as	particulars were furnished by(First M.D. Midwife Address AFFIDAVIT to be completed in t I am the Sister	Date Date when the attendant does not sign Item 25. of the person whose name appears
and at the place stated above, and that personal related to this child as (Mother, etc.) 25. Attendant's (Mother, etc.) State of Idaho County of Blaine ss.	particulars were furnished by(First M.D. Midwife Address AFFIDAVIT to be completed in t I am the Sister	Date Date when the attendant does not sign Item 25. of the person whose name appears
and at the place stated above, and that personal related to this child as (Mother, etc.) 25. Attendant's (Mother, etc.) 25. Attendant's (Mother, etc.) 26. State of Idaho (County of Blaine) I, the undersigned, being first duly sworn, say that in Item 4, above, that I am now 7.0 years the doctor and nurse who attempting the same in the doctor and nurse who attempting the same in the doctor and nurse who attempting the same in the doctor and nurse who attempting the same in the sa	particulars were furnished by	Date Date when the attendant does not sign Item 25. of the person whose name appears for 63 years and that ceased orr further state that
and at the place stated above, and that personal related to this child as	particulars were furnished by	Date when the attendant does not sign Item 25. of the person whose name appears for 63 years and that Ceased orl further state that not be located)
and at the place stated above, and that personal related to this child as (Mother, etc.) 25. Attendant's (Mother, etc.) 25. Attendant's (Mother, etc.) 25. Attendant's (Mother, etc.) 26. Attendant's (Mother, etc.) 27. Attendant's (Mother, etc.) 28. I, the undersigned, being first duly sworn, say that in Item 4, above, that I am now 70 years the doctor and nurse (First name) (Last name) 29. the facts on the certificate above are true to the best	particulars were furnished by	Date Date When the attendant does not sign Item 25. of the person whose name appears for
and at the place stated above, and that personal related to this child as (Mother, etc.) 25. Attendant's (Mother, etc.) 25. Attendant's (Mother, etc.) 25. Attendant's (Mother, etc.) 26. OWN signature State of Idaho County of Blaine I, the undersigned, being first duly sworn, say that in Item 4, above, that I am now 70 years the doctor and nurse (First name) (Last name) the facts on the certificate above are true to the best Chapter 139, 1937 Session Laws.	M.D. Midwife Address AFFIDAVIT to be completed in t I am the (Mother, etc.) of age, that I have known this person tended this birth is either de (Is now deceased) or (Cart of my knowledge, and that I desire Hailey, I	Date Date when the attendant does not sign Item 25. of the person whose name appears for. 63 years and that Ceased orl further state that not be located) to have this birth recorded under Signature daho P. O. Address
and at the place stated above, and that personal related to this child as (Mother, etc.) 25. Attendant's (Mother, etc.) 25. Attendant's (Mother, etc.) 25. Attendant's (Mother, etc.) 26. OWN signature State of Idaho (Sss.) I, the undersigned, being first duly sworn, say that in Item 4, above, that I am now 70 years the doctor and nurse (First name) (Last name) the facts on the certificate above are true to the best Chapter 139, 1937 Session Laws.	M.D. Midwife Address AFFIDAVIT to be completed in t I am the Sister (Mother, etc.) of age, that I have known this person tended this birth is either de (Is now decased) or (Cart of my knowledge, and that I desire Hailey, I day of January	Date Date when the attendant does not sign Item 25. of the person whose name appears for 63 years and that I Caled and be located to have this birth recorded under Signature daho P. O. Address 19 43
and at the place stated above, and that personal related to this child as (Mother, etc.) 25. Attendant's (Mother, etc.) 25. Attendant's (Mother, etc.) 25. Attendant's (Mother, etc.) 26. OWN signature State of Idaho (Sss.) I, the undersigned, being first duly sworn, say that in Item 4, above, that I am now 70 years the doctor and nurse (First name) (Last name) the facts on the certificate above are true to the best Chapter 139, 1937 Session Laws.	M.D. Midwife Address AFFIDAVIT to be completed in t I am the (Mother, etc.) of age, that I have known this person tended this birth is either de (Is now deceased) or (Car t of my knowledge, and that I desire Hailey, I day of January Notary Public, resid	Date Date when the attendant does not sign Item 25. of the person whose name appears for 63 years and that Ceased orl further state that not be located) to have this birth recorded under Signature daho P. O. Address ing at Halley, Idaho
and at the place stated above, and that personal related to this child as (Mother, etc.) 25. Attendant's (Mother, etc.) 25. Attendant's (Mother, etc.) 26. State of Idaho County of Blaine ss. I, the undersigned, being first duly sworn, say that in Item 4, above, that I am now 70 years the doctor and nurse who attered the facts on the certificate above are true to the best Chapter 139, 1937 Session Laws.	M.D. Midwife Address AFFIDAVIT to be completed in t I am the (Mother, etc.) of age, that I have known this person tended this birth is either de (Is now deceased) or (Car t of my knowledge, and that I desire th	Date Date when the attendant does not sign Item 25. of the person whose name appears for 63 years and that Ceased orl further state that not be located) to have this birth recorded under Signature daho P. O. Address ing at Halley, Idaho

(1937 Session Laws, Chapter 139, Section 4)

1912-222019-753 United States State File No.. (Be sure the information is as of date of birth of THIS child) Department of Commerce CERTIFICATE OF BIRTH Local Reg. No..... Bureau of the Census STATE OF IDAHO Reg. Dist. No..... 1. PLACE OF BIRTH (All items at time of this birth) 2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) County Custer (b) City Challis (a) State Idaho (b) County Custer (c) Street Address or R.F.D. No..... (c) City Challis (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? 16 vrs (e) Mother's stay **BEFORE** delivery: 3. RESIDENCE OF FATHER (city, state) Challis, Ide IN THIS county months days years 5. Date of Birth of Childeril 22,1880 4. FULL NAME Nellie May Fisher (Month, day, year) OF CHILD 7. Twin or If so-born 8. No. months female 1st. 2nd. 3rd 6. Sex Triplet of Pregnancy 9 9. Legitimate? yes MOTHER OF CHILD FATHER OF CHILD 16. FULL MAIDEN NAME Sarah Adelaide Peck 10. FULL NAME Stanton Gilbert Fisher 12. Age at time 11. Color 17. Color white 18. Age at time white of THIS birth 40 or Race..... of THIS birth.... 19. Birthplace Green County, N. Y.
(City or town) (State or foreign country) 13. Birthplace Chaumont N. Y. (City or town) (State or foreign country) 14. Exact 20. Exact Occupation Housewife Occupation Mining 15. Industry or 21. Industry or Business **Business** 22. Name prophylactic used to prevent Ophthalmia Neonatorum..... ATTENDANT'S CERTIFICATE (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by MATY (Last name) related to this child as Aunt (Mother, etc.) 25. Attendant's OWN signature -Midwife Address Date State of..... AFFIDAVIT to be completed when the attendant does not sign County of Sand Alies in Item 25. (Is now deceased) or (Cannot be located) who attended this birth.... (Last name) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. Subscribed and sworn to before me this... ...Notary Public, residing at.... (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Received for filing on.....

(1937 Session Laws, Chapter 139, Section 4)

•	213-213-064-697			Derato
A-H-ON		iformation is as o	f date of birth of THIS child)	State File No 365912
12.	Department of Commerce	CERTIFICATE		Local Reg. No
වී පුර	Bureau of the Census	STATE OF		Reg. Dist. No
COMPLETED certifidaho, for filing. No	1. PLACE OF BIRTH (All items at time of this (a) County Bear Lake (b) City Bloom	omington	(a) State Idaho	MOTHER (At time of this birth) (b) County Bear Lake
H G E	(c) Street Address or R.F.D. No. None		(c) City Blaomingto	n
MPLE o, for coin.	(d) Name of Hospital or Maternity Home:			D. No. None
i COMP Idaho, er er ee	(e) Mother's stay BEFORE delivery:		(e) How long has MOTHE	R lived in Idaho? 20 yrs.
	IN THIS county 20 years mont	hs days	3. RESIDENCE OF FATHER	R (city, state) Bloomington,
Mail oise,] y orde	4. FULL NAME Elizabeth Esther Be		5. Date of B	irth of Child lay, year) April 13, 1880
5 th 5	6. Sex Female 7. Twin or Triplet No	If so—born 1st, 2nd, 3rd	Y No months	Nine 9. Legitimate? Yes
5 5 E	FATHER OF CHILD	150, 2110, 610		OF CHILD
, certifica Statistics cents, m	10. FULL George Bateman		16. FULL MAIDEN	
S E S	11 Colon 19 Ago at time	70	17. Color Canadaian	18. Age at time 30
		th 30 yrs.	OF RACE	. of This birthyrs.
	13. Birthplace Stifford Engl. (City or town) (State or foreign	en country)	19. Birthplace Stifford	
	14. Exact	gh country/	20. Exact	
completi eau of yment of	15 Industry or		Occupation	***************************************
	Business Farming		21. Industry or Business Farming	
in comp Bureau paymen	22. Name prophylactic used to prevent Ophthali	mia Neonatorum.		. Bigging some minimageness of makeless of an extension of the contract of the
	23. Number of children of this mother: (a) At t			
ribbon State dvance		ATTENDANT'S	CERTIFICATE	
電影	24. I HEREBY CERTIFY That I attended the	e birth of this o	child, who was	at
typewriter ribbon in comple postage to State Bureau or quires an advance payment	and at the place stated above, and that pers	sonal particulars	were furnished by	, who is
	related to this child as(Mother, etc.)	-	(First nam	e) (Last name)
ire str	(Mother, etc.)	M.D.		
d typew S postag requires	25. Attendant's OWN signature		Address	Date
SS	State of Idaho		VETTAVIT to be completed a	vhen the attendant does not sign
Record CLASS copy rec	County of Bear Lake ss.			em 25.
X L B	I, the undersigned, being first duly sworn,	say that I am t	he older brother of	the person whose name appears
A E E E E E E E E E E E E E E E E E E E	in Item 4, above, that I am now seventy or			
ME 9				
유 벌 옵	Sarah Greenhalgh (Last name)	no attended uns	(Is now deceased) or (Cann	ot be located)
A SE	the facts on the certificate above are true tor	the best of my l	knowledge, and that I desire to	o have this birth recorded under
₩	Chapter 139, 1937 Session Laws. NITARY PUBLISHED MY COMMISSION EXP	AHD Zze		Signature
A ST	DECEMBER 18, 1	945 Mont	pelier, Idaho.	P. O. Address
BE.	Subscribed and sworn to before me this			
only BLACK Ink or BLACK in envelope bearing FIRST- ge for filling. Each certified				siding at Montpelier, Idaho
e in S	(Note: Perjury is punishable as a felony in	Idaho: see Sec.	17-914. Idaho Code Annotated	.)
	(Note: Ferjury is punishable as a felony in		1. 011, 14410 0040	
Use onl cate in charge	Received for filing on		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Registrar.

(1937 Session Laws, Chapter 139, Section 4)
Where the birth of a child born prior to the effective date of Chapter

Department of Commerce Bureau of the Census		E OF BIRTH OF IDAHO	State File No. 35.733 Local Reg. No
(c) Street Address or R.F.D. (d) Name of Hospital or Ma (e) Mother's stay BEFORE de	(b) City hesa hewster Noternity Home; ad Juother home	(c) City	(b) County My Texcl To y D. No
4. FULL NAME Marth. OF CHILD 7. Twin Triple Triple	or If so—born	(Month, da 8. No. months	th of Child DlC 20 y, year)
11. Color or Race	Tallant 2. Age at time of THIS birth yrs. XI A LATES (State or foreign country) q Stock Wowar	16. FULL MAIDEN Rach. 17. Color or Race	united States (State or foreign country) se Wyle
23. Number of children of this	mother: (a) At time of birth as	d including this child (b)	Sorn alive and now living
24. I HEREBY CERTIFY Tha	t I attended the birth of this ch	S CERTIFICATE nild, who wasat. (Born alive, stillborn)	M. on the d
and at the place stated abo		rs were furnished by	, who
and at the place stated aborelated to this child as 25. Attendant's OWN signature	(Mother, etc.) M.D. Midwife	(First nam	, who
and at the place stated aborelated to this child as 25. Attendant's OWN signature	(Mother, etc.) M.D. Midwife	(First nam	Date en the attendant does not si
and at the place stated aborelated to this child as	(Mother, etc.) M.D. Midwife Ss. rst duly sworn, say that I am the	e Address AFFIDAVIT to be completed when in Item e Mangalow of the Mother, etc.) hat I have known this person for	Date on the attendant does not sin 25. the person whose name appears, and the person whose name appears.
and at the place stated aborelated to this child as	(Mother, etc.) M.D. Midwife Ss. rst duly sworn, say that I am the S.J. years of age, the (Last pame) we are true to the best of my least of my least of the second	e Address AFFIDAVIT to be completed when in Item Mother, etc.) nat I have known this person for its birth. (Is now deceased) or (Cannot knowledge, and that I desire to a few and who are	Date en the attendant does not so the person whose name appears, and to be located) have this birth recorded under the state to be located. Signat
and at the place stated aborelated to this child as	(Mother, etc.) M.D. Midwife Ss. Test duly sworn, say that I am the S.G. years of age, the (Last name) we are true to the best of my less. Afore the this day of the second seco	e Address AFFIDAVIT to be completed when in Item Mother, etc.) hat I have known this person for is birth. (Is now deceased) or (Cannot knowledge, and that I desire to the standard of the	Date en the attendant does not so no

(1937 Session Laws, Chapter 139, Section 4)

envelope certified	E/S-//0-030-/ United States Department of Commerce Bureau of the Census	(Be sure the information is as CERTIFICATI STATE OI	F IDÂHO	367857 State File No
FED cortificate in for filing. Each	(c) Street Address or R.F.D. (d) Name of Hospital or Ma (e) Mother's stay BEFORE de	(b) City MT Haml. Noternity Home:		(b) County Clare O. No
Mail COMPLETED 19. No charge for	4. FULL NAME Neil Will OF CHILD 7. Twin 6. Sex MALR 7. Triple		5. Date of Birti (Month, day 8. No. months	
ing this certificate. Mail oise, Idaho, for filing. I in.	10. FULL PATHER O 11. Color or Race 11.	2. Age at time of THIS birth yrs. (State or foreign country)	16. FULL MAIDEN MOTHER NAME	of CHILD 18. Age at time a S yrs. S. Luc dew. State or foreign country)
on in completi al Statistics, Ba	23. Number of children of this24. I HEREBY CERTIFY That	mother: (a) At time of birth and ATTENDANT'S t I attended the birth of this chi	ild, who wasat	orn alive and now living
ewriter ribles of Vit	and at the place stated aborelated to this child as	ove, and that personal particulars FRIEND (Mother, etc.) M.D. Midwife	s were furnished by ELIZA (First name	MATHISON , who is (Last name) Date
y BLACK ink or BLACK Record type FIRST-CLASS postage to State Buraquires an advance payment of fifty (State of	ss. 7.4	AFFIDAVIT to be completed when in Item FRIEND of the completed when the complete co	the attendant does not sign a 25. ne person whose name appears \$\frac{3}{25}\$
Use on bearing		MAR 2.0.1943	14 1 20	A. Registrar.

(1937 Session Laws, Chapter 139, Section 4)

-	t of Commerce		-	CERTIFICAT	of date of birth of THIS E OF BIRTH	Schild.)	Loc	te File No	• • • • • • • • • • • • • • • • • • • •	
Bureau of t			 		F IDAHO			J. Dist. No		
(a) Cour	OF BIRTH (All item nty LATA h et Address or R.F.	(b)	City. Mas.c.	O.W	2. USUAL RESIDER (a) State Ide	ho	(b)	County	4+0	_
				2.4.4.X.5.4.3	(c) CityMa.s	COW				
(d) Nam	e of Hospital or M				(d) Street Addre	ss or R.F.D.	No	Genera	LL D	eli:
					(e) How long h					
	ners stay BEFORE HIS county	years	months	davs	3. RESIDENCE OF			144110:		
4 FULL N	AME					5. Date of	Birth of C	Child		
OF CHI	LD Ralda	Emmali	ne Lee		***************************************	(Month,	day, ye	an March	າ 5.	188
	7	'. Twin or		Ií so-born	8. No.:		•			
6. Sex	Female	Triplet	one	1st, 2nd, 3rd	of Pi	educuch		9. Legitimo	ite?	<u>yes</u>
10. FULL	FAT	HER OF CH	ILD		16. FULL MAIDEN		ier of (CHILD		
NAME.	David 90	n. o.)) Lee		NAME Sal	cah (o	N.C	Jol	nso	n
Color	White	12. 1	Age at time		17 Color		10	Age at time		
or Race			of THIS birth		or RaceWhi			of THIS birt		
13. Birthpl	ace Crock	er	M	Q	19. Birthplace	Croc	ker	VO.	Mo.	a
14. Exact	(Cit	y or town)	(State or forei	ign country)	1 00 1					
	otion Farme	r	va-v		OccupationI	louse	wile			
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Busine	gg.				Business					
22. Name 23. Number	prophylactic used er of children of th	is mother: (a	i) At time of bir	th and including	othing this child 7	(b) Bor	n alive a	nd now living	<u>ء</u>	
22. Name 23. Number	prophylactic used er of children of th	is mother: (a	i) At time of bir	th and including	othing this child 7	(b) Bor	n alive a	nd now living	<u>ء</u>	
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22. Name 23. Numbe 24. I HERI and at who is 25. Attend OWN State of County of I, the above, that state that t 1937 Sessio	prophylactic used or of children of the place stated of related as	is mother: (a it I attended to above, and th (Mother, a cdino g first duly s 67 rtificate above	the birth of this hat personal parett.) ss. worn, say that yea (Last ye are true to the	ATTENDANT'S child, who was rticulars were fu M.D. Midwife I am the	othing this child. 7 GERTIFICATE (Born alive, starmished by	AFFIDAV the attendo (Is now desire to hav	me) IT mt does n person w arch, ceased) or e this birt	Date Ot sign in Iter whose name a Cannot be located under the corded unde	m 25.) ppears ated) nder Ch	in Item , and i apter: .Signat
22. Name 23. Numbe 24. I HERI and at who is 25. Attend OWN State of I, the above, tha state that t 1937 Sessio	prophylactic used or of children of the EBY CERTIFY That the place stated of related as	is mother: (a it I attended to above, and th (Mother, cdino g first duly s 67 rtificate above before me	the birth of this hat personal parett.) ss. worn, say that yea (Last we are true to the	ATTENDANT'S child, who was rticulars were fu M.D. Midwife I am the	othing this child	AFFIDAV the attendo inth	me) IT mt does n person w arch, ceased) or e this birt	Date Ot sign in Iter whose name a Cannot be located under the corded unde	m 25.) ppears ated) nder Ch	in Item , and I fur apter .Signa

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person

having direct knowledge in the premises.

618 120 036 295 United States (Be sure the information is as of date of birth of THIS child.) Local Reg. No..... copy requires Department of Commerce CERTIFICATE OF BIRTH STATE OF IDAHO Bureau of the Census Reg. Dist. No..... 1. PLACE OF BIRTH (All items at time of this birth) 2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) County Oneida (b) City Malad Oneida Idaho (b) County.... (a) State.... (c) Street Address or R.F.D. No. (c) City..... (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No..... COMPLETED certificate for filing. Each certificate (e) How long has MOTHER lived in Idaho? (e) Mothers stay **BEFORE** delivery: 3. RESIDENCE OF FATHER (city, state) Malad. In **THIS** county 2 days 4. FULL NAME 5. Date of Birth of Child Harry Octavius Waylett OF CHILD. (Month, day, year)......Qg.t.,....20......1880 7. Twin or If so—born 8. No. months Yes Male 9. Legitimate? 6. Sex Triplet 1st, 2nd, 3rd of Pregnancy FATHER OF CHILD MOTHER OF CHILD 10. FULL 16. FULL MAIDEN George Dowsett Waylett NAME Martha Annie King 12. Age at time 18. Age at time i typewriter ribbon in completing this certificate. Mail of Vital Statistics, Boise, Idaho, for filing. No charge 11. Color 17. Color White 50 White Hawkwell, Essex, England Hockley, Essex, England от Васе..... or Race..... Birthplace...... (City or town) (State or foreign country) (City or town) (State or foreign country) 14. Exact 20. Exact H ousewife Farmer Occupation..... Occupation..... 15. Industry or 21. Industry or Business Business 22. Name prophylactic used to prevent Ophthalmia Neonatorum...... ATTENDANT'S CERTIFICATE and at the place stated above, and that personal particulars were furnished by.................................(First name) (Last name) who is related as....(Mother, etc.) M.D. Date 25. Attendant's Address **OWN** signature Midwife State of 100 **AFFIDAVIT** County of Ramell (To be completed when the attendant does not sign in Item 25.) I, the undersigned, being first duly sworn, say that I am the...... of the person whose name appears in Item 4. (Mother, etc.) above, that I am now 72 years of age, that I have known this person for 67 years, and that (Last name) state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. Subscribed and sworn to before me this , Notary Public, residing at Menuton has (SEAL) (Note: Perjury is punishable as a feleny in Idaho; see Sec. 17-914, Idaho Code Annotated.) Received for filing on.....

acce he (ff#3

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

269-111-003-289			3759
United States		of date of birth of THIS child.)	State File No
Department of Commerce		TE OF BIRTH	Local Reg. No
Bureau of the Census		OF IDAHO	Reg. Dist. No
1. PLACE OF BIRTH (All items at time		2. USUAL RESIDENCE OF MO	
(a) County Bannoek		(a) State I a b a	(b) County (b) County
(c) Street Address or R.F.D. No		(c) City Red Tack	/
(d) Name of Hospital or Maternity		(d) Street Address or R.F.D.	
	me		lived in Idaho? A baut 2
(e) Mothers stay BEFORE delivery	: months days	(e) now long has MUINE	lived in Iddno?
In THIS county years 4. FULL NAME		3. RESIDENCE OF FAIRER (CI	ty, state) Redrock H
OF CHILD WYCh	e L Sorens	(Month	Birth of Child day, year)
7. Twin	or If so—born	8. No. months	
6. Sex ma/e Triple		of Pregnancy	9. Legitimate?
FATHER OF	CHILD		ER OF CHILD
10. FULL NAME Jomes July	us Sotensen	16. FULL MAIDEN	bAm Brington
11 Color	2. Age at time	17 Color +	10 Karafari ilada
or Race	of THIS birth	- 1016.4.	
13. Birthplace S ja 4 // 3 mg (City or town)	Denmark	19. Birthplace Rich me	2d 473h
(Čity or town)	(State or foreign country)	(City o	of THIS birth
14. Exact Occupation FTT THEY	and miner		ewite
Occupation, L. R.		21. Industry or	
15. Industry or			
15. Industry or Business	<u>'</u>	Business	•
15. Industry or Business 75 7 m/n	ant Onbthalmia Neonatorum		
15. Industry or Business 22. Name prophylactic used to prevent		1	
15. Industry or Business 75 7 m/n	r: (a) At time of birth and including	this child	
15. Industry or Business 22. Name prophylactic used to preve 23. Number of children of this mother.	r: (a) At time of birth and including ATTENDANT'S	this child	alive and now living
15. Industry or Business 22. Name prophylactic used to preve 23. Number of children of this mothe 24. I HEREBY CERTIFY That I attended to the second	r: (a) At time of birth and including ATTENDANT'S ded the birth of this child, who was	g this child	alive and now living
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(1937 Session Laws, Chapter 139, Section 4)

	564-126-004-314		amm E
₽₽S	United States (Be sure the information is as	of date of birth of THIS child)	State File No. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
ert.	•	E OF BIRTH	Local Reg. No.
کا <u>ن</u> 12 م	Bureau of the Census STATE O		Reg. Dist. No.
	1. PLACE OF BIRTH (All items at time of this birth)		OTHER (At time of this birth)
	(a) County Boar Take (b) City. Montpelier, (c) Street Address or R.F.D. No		b) County Bear Lake
Taå	(d) Name of Hospital or Maternity Home:		p.,
F 6.	At home.	1). No
Iga e	(e) Mother's stay BEFORE delivery: IN THIS county 25 years months days	3. RESIDENCE OF FATHER	lived in Idaho?25yrs. (city, state Montpelier.
this certificate. Mail COMPLETED certifital Statistics, Boise, Idaho, for filing. No lifty cents, money order or coin.	4. FULL NAME James David Young	5. Date of Bir (Month, da	rth of Child Idaho. y, year) 8/26/1880
\$ 19 §	7. Twin or If so—born 1st, 2nd, 3rd	8. No. monus	
10 S S S	FATHER OF CHILD	MOTHER O	9 9. Legitimate? Yes
s is is	10 Petit.i.	16. FULL MAIDEN	llen Camp Campbell
fat ce	NAME David D. Young. 11. Color 12. Age at time OF	NAME MALY L	8. Age at time
his S S	or Race Will to of THIS birth 27 yrs.	or Race white	8. Age at time of THIS birth25yrs.
ng thi Vital fifty	13. Birthplace St. Maries, Canada. (City or town) (State or foreign country)	19. BirthplaceNor.th (City or town)	gden Utah (State or foreign country)
completing eau of Vii yment of fi	14 Exact Occupation Fireman on Railroad.	20. Exact Housewi	fe.
in comple sureau of payment	15. Industry or	21. Industry or	
2 6 6	Business	Business	
a in a	22. Name prophylactic used to prevent Ophthalmia Neonatorum		
a 6 8	23. Number of children of this mother: (a) At time of birth and		Born alive and now living.4
ribbon in comp State Bureau dvance paymen	ATTENDANT'S 24 I HEREBY CERTIFY That I attended the birth of this	child who was	at M. on the date
# 5 g	24. I HEREBY CERTIFY That I attended the birth of this and at the place stated above, and that personal particulars	(Born alive, stillborn)
typewriter postage to quires an a	and at the place stated above, and that personal particulars	(First name)	(Last name)
typew postag quires	related to this child as(Mother, etc.)		
£25	25. Attendant's M.D.	e Address	Date
Egg e	TDAUO		
8 F 8	State of IDAHO Ss.	AFFIDAVIT to be completed w	
#5 8		in Iter	
BLACK Record (FIRST-CLASS)	I, the undersigned, being first duly sworn, say that I am	(Mother, etc.)	he person whose name appears
TE T	in Item 4, above, that I am nowyears of age		
भ्राप्त स	Frances Bridges, who attended this (First name)	s birth 18 now deceased or (Cannot	1
Ink or bearing Each c	the facts on the certificate above are true to the best of my Chapter 139, 1937 Session Laws. That I was intime	knowledge, and that I desire to	have this birth recorded under
ند ماط	Chapter 139, 1937 Session Laws. That I was intime and saw this child at barth	/ 440	Mont no 11 en
Agi	y Michy	& Levels den Ow	Montpelier Lanco Address
BE IVE	Subscribed and sworp to before me this 3rd day	September,	19.43
	Subscribed and sworn to before me this		LV
only in er ge fo	Subscribed and sworn to before me this Srd day (SEAL) (Note: Perjury is punishable as a felony in 16aho: see Sec	Notary Public, resid	ling at Montpelier
Use only BLAC! cate in envelope charge for filing	(SEAL) (Note: Perjury is punishable as a felony in Idaho; see Sec Received for filing on SEP 1.5.1943	Notary Public, resid	

(1937 Session Laws, Chapter 139, Section 4)

State File No. 37887 envelope bearing (Be sure the information is as of date of birth of THIS child.) Department of Commerce CERTIFICATE OF BIRTH Local Reg. No..... Bureau of the Census STATE OF IDAHO Reg. Dist. No..... 1. PLACE OF BIRTH (All items at time of this birth) 2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) County daho (b) City Grangeville (a) State /daho (b) County /daho (c) Street Address or R.F.D. No. (c) City Grangeville (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No. at home (e) How long has MOTHER lived in Idaho? 67 (e) Mothers stay BEFORE delivery: In THIS county 5 RESIDENCE OF FATHER (city, state) Zecesec years 4. FULL NAME 5. Date of Birth of Child (Month, day, year) 4/16 8-/880 OF CHILD 7. Twin or If so-born 8. No. months for filling. 1st, 2nd, 3rd Triplet 9. Legitimate? 4cs of Pregnancy FATHER OF CHILD MOTHER OF CHILD 10. FULL 16. FULL MAIDEN NAME NAME..... 12. Age at time · عن ج Color Color 18. Age at time of THIS birth JO yrs. of THIS birth 22 vrs gill Oregon (Ofty or town) (State of foreign country) (City or town) (State or foreign country) 20. Exact Exact Occupation Housewite Occupation /armer 15. Industry or 21. Industry or Business Business 22. Name prophylactic used to prevent Ophthalmia Neonatorum. ATTENDANT'S CERTIFICATE and at the place stated above, and that personal particulars were furnished by..... (Last name) who is related as..... (Mother, etc.) 25. Attendant's M.D. Address Date **OWN** signature Midwife **AFFIDAVIT** County of /c/o/70 (To be completed when the attendant does not sign in Item 25.) (Mother, etc.) Tr. Cohn B. Marris , who attended this birth IS Now deceased I further (Eirst name) (Last name) (Is now deceased) or (Cannot be located) state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth reported under Chapter 139, 1937 Session Lows. , Notary Public, residing at Grangeville (Note: Perjury is punishable as a felony in daho; see Sec. 17-914, Idaho Code Annotated.) Received for filing on....., Registrar.

(1937 Session Laws, Chapter 139, Section 4)

	855 1,44 003 -751 inited States	_	formation is as of date of birth of THIS child.)	State File No. 38051
	epartment of Commerce		CERTIFICATE OF BIRTH	Local Reg. No
DU	PLACE OF BIRTH (A)] items at time	OCT. 3 0 1943	STATE OF IDAHO	Reg. Dist. No
1.				OTHER (At time of this birth)
	(a) County Rannock		(4)	(b) County
	(c) Street Address or R.F.D. No	the second secon	(c) City	
	(d) Name of Hospital or Maternity	Home:	(d) Street Address or B.F.	D. No
	(e) Mothers stay BEFORE delivery		(e) How long has MOTH	
4.	In THIS county years	months	days 3. RESIDENCE OF FATHER	
4.	OF CHILD KOLET	sem n		of Birth of Child 8-14-188
	7 Tagin		If so—born 8. No. months	ui, day, your,
6.	Sex Male "Triple	t	1st, 2nd, 3rd of Pregnancy	9. Legitimate?
	A A FATHER OF	CHILD		THER OF CHILD
10	NAME William	Non None	16. FULL MAIDEN	Alla Tourson
11	,	2. Age at time	NAME 17. Color	18. Age at time
	or Race White	of THIS birth	vrs or Race.	e of THIS birth
13	B. Birthplace	Scotl	and 19. Birthplace	minatore Wale
	(City or town)	(State or foreign	n country) (Ci	ty or town) (State or foreign country)
14	Exact Occupation	المما	20. Exact	as a conte
15	Occupation Company Industry or	<u> </u>	Occupation 21. Industry or	and gr
10				/
	Business		Business	•
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	. Name prophylactic used to preve	The second of the second		orn alive and now living
	. Name prophylactic used to preve	r: (a) At time of birth	atorum	orn alive and now living
23	. Name prophylactic used to preve 3. Number of children of this mother	r: (a) At time of birth	atorum	
23	Name prophylactic used to preve	r: (a) At time of birth	and including this child	M. on the d
23	Name prophylactic used to preve	r: (a) At time of birth	and including this child	M. on the d
23	Name prophylactic used to prevent Number of children of this mother I HEREBY CERTIFY That I attended at the place stated above, and at the place stated above, and at the place stated above.	r: (a) At time of birth ded the birth of this a nd that personal parti	and including this child	M. on the d
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(1937 Session Laws, Chapter 139, Section 4)

493-217,001-445	5		381865	3818
United States	(Be sure the information	on is as of date of birth of THIS child	l.) State File No	
Department of Commerce	CERTIF	FICATE OF BIRTH	Local Reg. No	
Bureau of the Census		ATE OF IDAHO	Reg. Dist. No.,	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1. PLACE OF BIRTH (All items at tim			F MOTHER (At time of this	
(a) County ada	(b) City Back	// /	10 (b) County C	` <i>u</i>
(c) Street Address or R.F.D. No.		1 7		Add office and builting
(d) Name of Hospital or Maternity		(C) City		- 111
Pare		(d) Street Address or		alley
(e) Mothers stay BEFORE deliver	=	(e) How long has Me	OTHER lived in Idaho?2	<u>U</u> U
In THIS county 20 year	s months d	lovs 3. RESIDENCE OF FATH	ER (city state) (1)	e Idah
4. FULL NAME Office) 00 m; 000	5. D	ate of Birth of Child	F17120
OF CHILD	sen giune	•••••••••••••••••••••••••••••••••••••••	ionui, udy, yeur	1.7.700
6. Sex levels 7. Twin			s ncy Mine 9. Legitim	ato Me A
FATHER O		or region	MOTHER OF CHILD	idie: 1
10. FULL () / (2)	milla	16. FULL MAIDEN	0	\mathcal{D}
NAME TOWN	arqueer	NAME ONG	ry I sa vell o	Viinla
11. Color or Race Office	12. Age at time	yrs. 17. Color or Race of hits	18. Age at time	
	of THIS birth.		of THIS bi	
13. Birthplace(City or town	(State or foreign country	19. Birthplace 130.	(City or town) α (State	or foreign country
14 E . (A)		20 Fract		or foreign country
Occupation Farm	res		ousestife	
15. Industry or Business	-	21. Industry or Business	~' <i>U</i>	
Dushiesa		1 Dusiness		·····
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23. Number of children of this moth	er: (a) At time of birth and in	cluding this child	e) Born alive and now living	ıg
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23. Number of children of this moth 24. I HEREBY CERTIFY That I atter and at the place stated above, who is related as	er: (a) At time of birth and in ATTENI and the birth of this child, we and that personal particulars and the birth of this child, we are the birth of the birth of this child, we are the birth of this child.	Cluding this child	Date Date TDAVIT Itendant does not sign in Ite of the person whose name now deceased) or (Cannot be le o have this birth recorded to	Last name) em 25.) cappears in Iter eyears, and
23. Number of children of this moth 24. I HEREBY CERTIFY That I atter and at the place stated above, who is related as	er: (a) At time of birth and in ATTENI and the birth of this child, we and that personal particulars and the birth of this child, we are the birth of the birth of this child, we are the birth of this child.	Cluding this child	Pirst name) Date TDAVIT tendant does not sign in Ite of the person whose name	Last name) em 25.) cappears in Iteryears, andyears, and ander Chapter
23. Number of children of this moth 24. I HEREBY CERTIFY That I atter and at the place stated above, who is related as	er: (a) At time of birth and in ATTENI and the birth of this child, we and that personal particulars and the birth of this child, we are the birth of the birth of this child, we are the birth of this child.	Cluding this child	Date TDAVIT Itendant does not sign in Ite of the person whose name now deceased) or (Cannot be le to have this birth recorded to	Last name) em 25.) cappears in Iteryears, andyears, and ander Chapter
23. Number of children of this moth 24. I HEREBY CERTIFY That I atter and at the place stated above, who is related as	er: (a) At time of birth and in ATTENI anded the birth of this child, we and that personal particulars and that personal particulars and the second	Cluding this child	Date TDAVIT Itendant does not sign in Ite of the person whose name now deceased) or (Cannot be le to have this birth recorded to	Last name) em 25.) cappears in Iteryears, andyears, and ander Chapter
23. Number of children of this moth 24. I HEREBY CERTIFY That I atter and at the place stated above, who is related as	er: (a) At time of birth and in ATTENI anded the birth of this child, we and that personal particulars and that personal particulars and the second	Cluding this child	Date TDAVIT Itendant does not sign in Ite of the person whose name and the person whose name to have this birth recorded to the person whose name to have this birth recorded to the person whose name	Last name) em 25.) coppears in Iteryears, and I fur cated) ander Chapter Signar
23. Number of children of this moth 24. I HEREBY CERTIFY That I atter and at the place stated above, who is related as	er: (a) At time of birth and in ATTENI and the birth of this child, we and that personal particulars to ther, etc.) M.M. Min Ss. Auly sworn, say that I am the years of age (Last name) above are true to the best of the best of the personal particulars to the desired.	Cluding this child. Onl. (A DANT'S CERTIFICATE ho was	Date Date TDAVIT Itendant does not sign in Itendent does not sign i	East name) am 25.) cappears in Iter cated) inder Chapter Signa P. O. Add
23. Number of children of this moth 24. I HEREBY CERTIFY That I atter and at the place stated above, who is related as	er: (a) At time of birth and in ATTENI and the birth of this child, we and that personal particulars to ther, etc.) M.M. Min Ss. Auly sworn, say that I am the years of age (Last name) above are true to the best of the best of the personal particulars to the desired.	Cluding this child. Onl. (A DANT'S CERTIFICATE ho was	Date TDAVIT Itendant does not sign in Ite of the person whose name and the person whose name to have this birth recorded to the person whose name to have this birth recorded to the person whose name	Last name) Example 25.) Composition of the description of the descri

(1937 Session Laws, Chapter 139, Section 4)



763-131 008-612			383979
United States	(Be sure the information is as	of date of birth of THIS child.)	State File No
Department of Commerce	CERTIFICAT	E OF BIRTH	Local Reg. No
Bureau of the Census	STATE O	F IDAHO	Reg. Dist. No
1. PLACE OF BIRTH (All items at time of this		2. USUAL RESIDENCE OF MOT	HER (At time of this birth)
(a) County Banneck (b) C	sty Downey	(a) State Idaho	(b) County Bannock
(c) Street Address or R.F.D. No			
(d) Name of Hospital or Maternity Home:		(d) Street Address on PED 1	Yo
		i .	
(e) Mothers stay BEFORE delivery:	months days		lived in Idaho?yrs.
In THIS county years 4. FULL NAME		3. RESIDENCE OF FATHER (city	sirth of Child
of child U.S.A. M. W.)	lard Potter	3. Date of E	day, year) Jan. 31, 1880
7. Twin or 6. Sex Male Triplet	No If so—born lst, 2nd, 3rd	8. No. months	*
FATHER OF CHILI		of Pregnancy	9. Legitimate? Y C.S. TROF CHILD
10 99999	_	16. FULL MAIDEN	
NAME Charles Frank)		NAME FINIS	Abidail Wakely
11. Color or Race White 12. Agr	e at time THIS birth	17. Color or Race White	18. Age at time of THIS birth 17 vrs.
<i>V</i>	9/+1	P	
13. Birthplace (City or town)	(State or foreign country)	19. Birthplace City or	
14. Exact		20 Exact	
Occupation		Occupation 77.0.14.3	sewife
Business Farmer		Business	
22. Name prophylactic used to prevent Oph	thalmia Neonatorum	<u> </u>	

22 Nissan whilehop of this mathem (a)	8 4 dame - af Industr al de-classification	مسلم الما الما الما الما الما الما الما	
23. Num			alive and now living Y.C.S.
	ATTENDANT'S	CERTIFICATE	
24. I HEREBY CERTIFY That I attended the	ATTENDANT'S birth of this child, who was	CERTIFICATE (Power alice of Illhown)	at
24. I HEREBY CERTIFY That I attended the and at the place stated above, and that	ATTENDANT'S birth of this child, who was personal particulars were fu	CERTIFICATE (Power alice of Illhown)	at
24. I HEREBY CERTIFY That I attended the and at the place stated above, and that	ATTENDANT'S birth of this child, who was personal particulars were fu	CERTIFICATE (Power alice of Illhown)	at
24. I HEREBY CERTIFY That I attended the and at the place stated above, and that who is related as(Mother, etc.	ATTENDANT'S birth of this child, who was personal particulars were fu	(Born alive, stillborn) rnished by(First name	at
24. I HEREBY CERTIFY That I attended the and at the place stated above, and that who is related as(Mother, etc. 25. Attendant's	ATTENDANT'S birth of this child, who was personal particulars were fu .) M.D.	CERTIFICATE (Power alice of Illhown)	at
24. I HEREBY CERTIFY That I attended the and at the place stated above, and that who is related as	ATTENDANT'S birth of this child, who was personal particulars were fu	(Born alive, stillborn) rnished by(First name	(Last name)
24. I HEREBY CERTIFY That I attended the and at the place stated above, and that who is related as	ATTENDANT'S birth of this child, who was personal particulars were fu	(Born alive, stillborn) rnished by(First name Address	(Last name)
24. I HEREBY CERTIFY That I attended the and at the place stated above, and that who is related as	ATTENDANT'S birth of this child, who was personal particulars were fu	(Born alive, stillborn) rnished by (First name Address AFFIDAVIT To be completed when the attendant	(Last name) Date t does not sign in Item 25.)
24. I HEREBY CERTIFY That I attended the and at the place stated above, and that who is related as. (Mother, etc. 25. Attendant's OWN signature State of County of C	ATTENDANT'S birth of this child, who was personal particulars were fu	(Born alive, stillborn) rnished by	(Last name) Date t does not sign in Item 25.) erson whose name appears in Item 4,
24. I HEREBY CERTIFY That I attended the and at the place stated above, and that who is related as. (Mother, etc. 25. Attendant's OWN signature State of County of C	ATTENDANT'S birth of this child, who was personal particulars were fu	(Born alive, stillborn) rnished by	(Last name) Date t does not sign in Item 25.)
24. I HEREBY CERTIFY That I attended the and at the place stated above, and that who is related as. (Mother, etc. 25. Attendant's OWN signature State of County of C	ATTENDANT'S birth of this child, who was personal particulars were fu	(Born alive, stillborn) rnished by	Date Clast name Date
24. I HEREBY CERTIFY That I attended the and at the place stated above, and that who is related as. 25. Attendant's OWN signature State of. County of. I, the undersigned, being first duly sweathers, that I am now. (First name)	ATTENDANT'S birth of this child, who was personal particulars were fu M.D. Midwife	(Born alive, stillborn) rnished by	Date Date Ladoes not sign in Item 25.) erson whose name appears in Item 4, (44 years, and that 2 C C 2 S C d I further assel) or (Cannot be leasted)
24. I HEREBY CERTIFY That I attended the and at the place stated above, and that who is related as. (Mother, etc. 25. Attendant's OWN signature State of. County of	ATTENDANT'S birth of this child, who was personal particulars were fu M.D. Midwife	(Born alive, stillborn) rnished by	Date Date Ladoes not sign in Item 25.) erson whose name appears in Item 4, (44 years, and that 2 C P 2 S P 4 I further assel) or (Cannot be leasted)
24. I HEREBY CERTIFY That I attended the and at the place stated above, and that who is related as. 25. Attendant's OWN signature State of. County of. I, the undersigned, being first duly sweathers, that I am now. (First name)	ATTENDANT'S birth of this child, who was personal particulars were fu M.D. Midwife	(Born alive, stillborn) rnished by	Date (Last name) Date does not sign in Item 25.) erson whose name appears in Item 4, years, and that CCESEA Ifurther ased) or (Cannot be located) this birth recorded under Chapter 139,
24. I HEREBY CERTIFY That I attended the and at the place stated above, and that who is related as. 25. Attendant's OWN signature State of. County of. I, the undersigned, being first duly swar above, that I am now. (First name) state that the facts on the certificate above.	ATTENDANT'S birth of this child, who was personal particulars were fu M.D. Midwife	(Born alive, stillborn) rnished by	Date (Last name) Date does not sign in Item 25.) erson whose name appears in Item 4, years, and that CCESEA Ifurther ased) or (Cannot be located) this birth recorded under Chapter 139,
24. I HEREBY CERTIFY That I attended the and at the place stated above, and that who is related as (Mother, etc. 25. Attendant's OWN signature State of County of I, the undersigned, being first duly swa above, that I am now 80 (First name) state that the facts on the certificate above 1937 Session Laws.	ATTENDANTS birth of this child, who was personal particulars were further to the best of my known to	(Born alive, stillborn) rnished by	Date Date (Last name) Date does not sign in Item 25.) erson whose name appears in Item 4, years, and that C.C. 2. S.C. d. I further ased) or (Cannot be located) this birth recorded under Chapter 139,
24. I HEREBY CERTIFY That I attended the and at the place stated above, and that who is related as. 25. Attendant's OWN signature State of. County of. I, the undersigned, being first duly swar above, that I am now. (First name) state that the facts on the certificate above.	ATTENDANTS birth of this child, who was personal particulars were furction M.D. Midwife Ss. Torn, say that I am the	(Born alive, stillborn) rnished by	Date Clast name
24. I HEREBY CERTIFY That I attended the and at the place stated above, and that who is related as (Mother, etc. 25. Attendant's OWN signature State of County of I, the undersigned, being first duly swo above, that I am now 80 Figure 1937 Session Laws. Subscribed and sworn to before me this (SEAL)	ATTENDANTS birth of this child, who was personal particulars were fursive to the best of my known and the second to the best of my known and the second to the best of my known and the second to the best of my known and the second to the best of my known and the second to the best of my known and the second to the best of my known and the second to the best of my known and the second to the best of my known and the second to the best of my known and the second to the best of my known and the second to the best of my known and the second to th	(Born alive, stillborn) rnished by	Date Clast name
24. I HEREBY CERTIFY That I attended the and at the place stated above, and that who is related as. 25. Attendant's OWN signature State of. County of. I, the undersigned, being first duly swar above, that I am now. (First name) state that the facts on the certificate above 1937 Session Laws. Subscribed and sworn to before me this (SEAL) (Note: Perjury is punishable as a felor	ATTENDANTS birth of this child, who was personal particulars were fursh M.D. Midwife ss. (Cast name) (Last name) Gree true to the best of my known in Idaho; see Sec. 17-914	(Born alive, stillborn) rnished by	Date (Last name) Date does not sign in Item 25.) erson whose name appears in Item 4, years, and that Ceased I further ased) or (Cannot be located) this birth recorded under Chapter 139, Signature P. O. Address
24. I HEREBY CERTIFY That I attended the and at the place stated above, and that who is related as. 25. Attendant's OWN signature State of. County of. I, the undersigned, being first duly swar above, that I am now. (First name) state that the facts on the certificate above 1937 Session Laws. Subscribed and sworn to before me this (SEAL) (Note: Perjury is punishable as a felor	ATTENDANTS birth of this child, who was personal particulars were function M.D. Midwife Ss. The personal particulars were function M.D. Midwife Wakelig (Last name) The personal particulars were function (Last name) The personal particulars were function (Last name) The personal particulars were function Aday of the personal particulars were function The personal particulars were function Aday of the personal particular were function Aday of the perso	(Born alive, stillborn) rnished by	Date (Last name) Date does not sign in Item 25.) erson whose name appears in Item 4, years, and that Ceased I further ased) or (Cannot be located) this birth recorded under Chapter 139, Signature P.O. Address

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bursan of Vital Statistics, Boise, Idaho, for filling. No charge for filling. Each certified copy requires an

(1937 Session Laws, Chapter 139, Section 4)

367-126,002-252 (Be sure the information is as of date of birth of THIS child.) envelope bearing State File No..... CERTIFICATE OF BIRTH copy requires Department of Commerce Local Reg. No..... Bureau of the Census STATE OF IDAHO Reg. Dist. No..... 1. PLACE OF BIRTH (All items at time of this birth) 2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) County Adams (b) City Council (a) State Idaho (b) County..... Adams (c) Street Address or R.F.D. No..... Council (c) City..... (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho?_____yrs (e) Mothers stay **BEFORE** delivery: In **THIS** county 6 months 3. RESIDENCE OF FATHER (city, state) years days 4. FULL NAME 5. Date of Birth of Child James, Copeland, OF CHILD.... (Month, day, year)..... 7. Twin or If so-born 8. No. months 6. Sex Triplet 1st. 2nd. 3rd 9. Legitimate? VOS of Pregnancy FATHER OF CHILD MOTHER OF CHILD 10. FULL 16. FULL MAIDEN Copeland Ida, Kesler, James NAME NAME 11. Color 12. Age at time 17. Color 18. Age at time White of THIS birth 30 white of THIS birth 20 vrs. or Race..... or Race..... 19. Birthplace. (City or town) West Virginia
ity or town) (State or foreign country) Alabama 13. Birthplace.... completing this certificate. (City or town) (State or foreign country) 14. Exact 20. Exact House Wife Farmer for filing. Occupation.... Occupation..... 15. Industry or 21. Industry or Business Business 22. Name prophylactic used to prevent Ophthalmia Neonatorum ATTENDANT'S CERTIFICATE who is related as....(Mother, etc.) M.D. Attendant's Address Date **OWN** signature Midwife Idaho State of..... **AFFIDAVIT** County of Adams (To be completed when the attendant does not sign in Item 25.) I. the undersigned, being first duly sworn, say that I am the attendant of the person whose name appears in Item 4. (Mother, etc.) above, that I am how years of age, that I have known this person for years, and that Letta Winkler, who attended this birth (Is name) (Is deceased. I further (Is now deceased) or (Cannot be located) state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. Subscribed and sworn to before me this. (SEAL) (Note: Perjury is punishable as a felony in Idaho; see Sec. 77-914, Idaho Code Annotated.) Received for filling on WAR 8 1944 by 77 Registrar.

Mer o I RAM

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Uni	96-211-025-381 itled States (Be	sure the information is as	of date of birth of THIS child.)	State File No
Der	epartment of Commerce RAY 1 1 1944 Decrease of the Census		E OF BIRTH	Local Reg. No
Bur	reau of the Census		OF IDAHO	Reg. Dist. No
-	PLACE OF BIRTH (All items at time of this b		2. USUAL RESIDENCE OF M	
	(a) County Idaho (b) City	Grangeville	(a) State Idaho	(b) County Idaho
	(c) Street Address or R.F.D. No			ille
	(d) Name of Hospital or Maternity Home:		•	D. No.
		***************************************		_
	(e) Mothers stay BEFORE delivery: In THIS county 9 years	months days		ER lived in Idaho?
4.	FIILL NAME	monus days	5 Deta	of Dinth of Child
	OF CHILD Mattie Crooks	***************************************	(Mont	h, day, year) April 11, 18
6	7. Twin or	If so—born	8. No. months	
	Sex Female Triplet FATHER OF CHILD	1st, 2nd, 3rd	of Pregnancy	9 9. Legitimate? yes
10.	. FULL Tagob Crooks		16. FULL MAIDEN	
,,	NAME Jacob Crooks Color 12 Age of		15 6 1	toria Graces Chamberl
11.	. Color 12. Age of or Race	IS birth34yrs.	17. Color white	18. Age at time of THIS birth 26
13.	Birthplace Boone County,	Missouria		County Indiana y or town) (State or foreign countr
1.4	(City or town) ((State or foreign country)	(Cit	y or town) (State or foreign countr
14.	. Exact Occupation Rancher	·	20. Exact Occupation house	wife
15.	. Industry or		21. Industry or	
	Business		Business	
23.	. Number of children of this mother: (a) At		g this child 5 (b) Bo	orn alive and now living 8, 41
	. Number of children of this mother: (a) At . I HEREBY CERTIFY That I attended the b	ATTENDANT'S	S CERTIFICATE	No. 1
	. I HEREBY CERTIFY That I attended the b	ATTENDANT's irth of this child, who was	S CERTIFICATE S(Born alive, stillborn) urnished by	M. on the
	. I HEREBY CERTIFY That I attended the b	ATTENDANT's irth of this child, who was	S CERTIFICATE S(Born alive, stillborn) urnished by	
24.	. I HEREBY CERTIFY That I attended the band at the place stated above, and that pawho is related as(Mother, etc.)	ATTENDANT's irth of this child, who was ersonal particulars were for	S CERTIFICATE S	name) (Last name)
24.	. I HEREBY CERTIFY That I attended the band at the place stated above, and that pawho is related as(Mother, etc.)	ATTENDANT's irth of this child, who was ersonal particulars were fr	S CERTIFICATE S(Born alive, stillborn) urnished by	M. on the
24.	. I HEREBY CERTIFY That I attended the b and at the place stated above, and that pe who is related as(Mother, etc.) . Attendant's OWN signature	ATTENDANT's irth of this child, who was ersonal particulars were for	S CERTIFICATE S(Born alive, stillborn) urnished by(First	name) (Last name)
24. 25.	. I HEREBY CERTIFY That I attended the b and at the place stated above, and that pe who is related as	ATTENDANT's irth of this child, who was ersonal particulars were for M.D. Midwife	S CERTIFICATE S(Born alive, stillborn) urnished by(First Address	mame) (Last name) Date
24. 25. Sta	. I HEREBY CERTIFY That I attended the band at the place stated above, and that pawho is related as	ATTENDANT's irth of this child, who was ersonal particulars were for M.D. Midwife	S CERTIFICATE S	Date NVIT clant does not sign in Item 25.)
24. 25. Sta	. I HEREBY CERTIFY That I attended the beand at the place stated above, and that power who is related as	ATTENDANT's irth of this child, who was ersonal particulars were from M.D. Midwife Ss. , say that I am the	S CERTIFICATE S	Date NUIT Idant does not sign in Item 25.) Le person whose name appears in Item
24. 25. Sta	. I HEREBY CERTIFY That I attended the band at the place stated above, and that pawho is related as	ATTENDANT's irth of this child, who was ersonal particulars were from M.D. Midwife Ss. , say that I am the	S CERTIFICATE S	Date NUT dant does not sign in Item 25.) te person whose name appears in Item 64
24. 25. Sta	. I HEREBY CERTIFY That I attended the band at the place stated above, and that pawho is related as	ATTENDANT's irth of this child, who was ersonal particulars were from M.D. Midwife Ss. , say that I am the	S CERTIFICATE S	Date NUT dant does not sign in Item 25.) te person whose name appears in Item 64
24. 25. Sta	. I HEREBY CERTIFY That I attended the band at the place stated above, and that power who is related as	ATTENDANT's irth of this child, who was ersonal particulars were from M.D. Midwife ss. , say that I am the	Address AFFIDA (Mother, etc.) I have known this person for (Is now	Date Date NUT dant does not sign in Item 25.) te person whose name appears in Item 64 years, and decessed or (Cannot be located)
24. 25. Sta Con abo	. I HEREBY CERTIFY That I attended the band at the place stated above, and that pawho is related as	ATTENDANT's irth of this child, who was ersonal particulars were from M.D. Midwife ss. , say that I am the	Address AFFIDA (To be completed when the attendant (Mother, etc.) I have known this person for who attended this birth (Is now nowledge, and that I desire to how nowledge, and that I desire to how the still	Date NUIT Contains does not sign in Item 25.) The person whose name appears in Item 64 The deceased or (Cannot be located) The person whose name appears and the contains a sign in Item 25.
24. 25. Sta Con abo	. I HEREBY CERTIFY That I attended the band at the place stated above, and that power who is related as	ATTENDANT's irth of this child, who was ersonal particulars were from M.D. Midwife ss. , say that I am the	Address AFFIDA (To be completed when the attendant (Mother, etc.) I have known this person for who attended this birth	Date Date NUIT dant does not sign in Item 25.) the person whose name appears in Item 64 years, and deceased) or (Cannot be located) type this birth recorded under Chapter Sign
24. 25. Sta Con abo	. I HEREBY CERTIFY That I attended the band at the place stated above, and that power who is related as	ATTENDANT's irth of this child, who was ersonal particulars were from M.D. Midwife ss. , say that I am the	Address AFFIDA (Mother, etc.) I have known this person for , who attended this birth (Is now nowledge, and that I desire to he white bird, Ida	Date Date NUIT dant does not sign in Item 25.) the person whose name appears in Item 64 years, and deceased) or (Cannot be located) type this birth recorded under Chapter Sign
24. 25. Sta Con abo	. I HEREBY CERTIFY That I attended the band at the place stated above, and that power who is related as	ATTENDANT's irth of this child, who was ersonal particulars were from M.D. Midwife Ss	Address AFFIDA (To be completed when the attendant (Mother, etc.) I have known this person for who attended this birth	Date Date NIT Contains and the standard of
24. 25. Sta Con abo	. I HEREBY CERTIFY That I attended the beand at the place stated above, and that power who is related as	ATTENDANT's irth of this child, who was ersonal particulars were from M.D. Midwife Ss	Address AFFIDA (To be completed when the attendant of the (Mother, etc.) I have known this person for who attended this birth	Date Date NUIT dant does not sign in Item 25.) the person whose name appears in Item 64
24. 25. Sta Con abo	. I HEREBY CERTIFY That I attended the band at the place stated above, and that power who is related as	ATTENDANT's irth of this child, who was ersonal particulars were from M.D. Midwife Ss. , say that I am the	(Born alive, stillborn) urnished by (First Address AFFIDA (To be completed when the attendant of the (Mother, etc.) I have known this person for who attended this birth (Is now nowledge, and that I desire to he whitebird, Ida	Date Date NUIT dant does not sign in Item 25.) the person whose name appears in Item 64

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

243-121-020-864			390361 390361
United States		as of date of birth of THIS child.)	390361 State File N390361
Department of Commerce	CERTIFICA	TE OF BIRTH	Local Reg. No
Bureau of the Census		OF IDAHO	Reg. Dist. No
1. PLACE OF BIRTH (All items at time		2. USUAL RESIDENCE OF MO	· · · · · · · · · · · · · · · · · · ·
(a) County.Elmore		(a) State Idaho	(b) County Elmore
(c) Street Address or R.F.D. No			
(d) Name of Hospital or Maternity	Home: None		o. NoNone
(e) Mothers stay BEFORE delivery		(e) How long has MOTHE	R lived in Idaho? Several yrs
In THIS county Severators	months days		city, state) Atlanta, Idaho
4. FULL NAME WILLIAM CL	YDE BUTLER	5. Date a	of Birth of Child n, day, year) May211880
7. Twin		8. No. months	
S. Sex Male Triple			9. Legitimate? Yes
FATHER OF	CHILD	16. FULL MAIDEN	HER OF CHILD
NAME William Henr	v Butler		hJaneYount
II Color	2. Age at time	l 17. Color	18. Age at time
or RaceWhite	of THIS birth27yrs.	or RaceWhite	of THIS birth20yrs
13. Birthplace Kentucky (City or town)		19. BirthplaceMissour	(State or foreign country)
4. Exact	(State or foreign country)	20. Exact	or town) (State or foreign country)
Occupation Merchant	***************************************	Occupation Housewa	ife
15. Industry or	_	21. Industry or	
Business General stor	9	Business Housew:	ife
22. Name prophylactic used to preve	nt Ophthalmia Neonatorum		***************************************
23. Number of children of this mothe	r: (a) At time of birth and includi	ng this child (b) Bo	m alive and now living
	ATTENDAN	'S CERTIFICATE	
24. I HEREBY CERTIFY That I attend	ded the birth of this child, who w	as	M. on the date
and at the place stated above, a	nd that personal particulars were	furnished by(First n	ame) (Last name)
who is related as(Ma		(21131.12	(Dast name)
(Ma 25. Attendant's	other, etc.) M.D.	Address	Date
OWN signature	Midwife		Date
weshington)	ĀFFIDA'	Tyra
County of Spokane	·······} ss.	(To be completed when the attend	
County of		relative	
I, the undersigned, being first du	aly sworn, say that I am the no	(Mother, etc.)	e person whose name appears in Item 4
above, that I am now	years of age, tha	t I have known this person for 58	years, and tha
a person unknown			believed deceased I furthe
(First name)	(Last name)	(IS now o	deceased) of (Cannot be located)
state that the facts on the certificate	above are true to the best of my	knowledge, and that I desire to ha	ve this birth recorded under Chapter 139
1937 Session Laws.		(T. 71)792	Signature
		of Courty Anditaly Of	
	//0/		fice Spokens P.O. Address
Subscribed and sworn to before,	me this 26th day of	June	19 44
* /	/ warms		The state of the s
(SEAL) (Note: Periury is punishable as	a felony in Idaho; see Sec. 17-9	14. Idaho Code Annotated.)	ic, residing at
			# / . 9
Received for filing on	- HIN 2 9 1944	by	Registrar
	WOLL DO C	1'1' V	1 8 4 4 - 1

Mel 68 HUL

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

793-1991029-863	3		391617
United States	(Be sure the information is as		
Department of Commerce	CERTIFICAT		Local Reg. No
Bureau of the Census	STATE O		Reg. Dist. No
1. PLACE OF BIRTH (All items at time of the	nis birth)		F MOTHER (At time of this birth)
(a) County Latah (b)	-		(b) County Latah
(c) Street Address or R.F.D. No		(c) City Mosco	W
(d) Name of Hospital or Maternity Home	:	=	R.F.D. No
None			THER lived in Idaho? One
(e) Mothers stay BEFORE delivery: In THIS county On e years	months days	2 PERIDENCE OF PATH	ER (city, state) Moscow, Idah
A PITT NAME			
OF CHILD Clarance Wal	Lter Gilstrap	0M	ate of Birth of Child onth, day, year) Jan. 9, 1
7. Twin or	If so—born	8. No. months	
	NO 1st, 2nd, 3rd		cy 9 9. Legitimate? Yes
FATHER OF CHI	LD		MOTHER OF CHILD
10. FULL NAME John Wesley Gil	Lstrap	NAME SILE	an Holden
11 Color 12 X	ge at time	17 Color	18 Age of time
	THIS birth 35 yrs.	or Race Whit	
13. Birthplace Neosho, M.	issouri	19. Birthplace Neph	i City, Utah
(City or town)	(State or foreign country)	20. Exact	(City or town) (State or foreign country
Occupation farmer and ca	arpenter	Occupation H	ousewife
15. Industry or		21. Industry or	
Business farming		Business	
23. Number of children of this mother: (a)	At time of birth and including	this child One (b	Born alive and now living
23. Number of children of this mother: (a)	At time of birth and including	this child One (b	Born alive and now living
23. Number of children of this mother: (a) 24. I HEREBY CERTIFY Thank are nded the	At time of birth and including ATTENDANT'S ne birth of this child, who was	this child One (b	Born alive and now livingThre
23. Number of children of this mother: (a)24. I HEREBY CERTIFY That I arended the and at the place stated above, and the	At time of birth and including ATTENDANT'S ne birth of this child, who was at personal particulars were fur	this child One (b	Born alive and now livingThre
23. Number of children of this mother: (a)24. I HEREBY CERTIFY That I arended the and at the place stated above, and the	At time of birth and including ATTENDANT'S ne birth of this child, who was at personal particulars were fur	this child One (b	Born alive and now livingThre
23. Number of children of this mother: (a) 24. I HEREBY CERTIFY That I arended the and at the place stated above, and the who is related as(Mother, e) 25. Attendant's	At time of birth and including ATTENDENT'S ne birth of this child, who was at personal particulars were fur stc.) M.D.	this child One (b	Born alive and now livingThre
23. Number of children of this mother: (a) 24. I HEREBY CERTIFY That I arended the and at the place stated above, and the who is related as (Mother, c) 25. Attendant's OWN signature	At time of birth and including ATTENDANT'S The birth of this child, who was at personal particulars were furnitate.) M.D. Midwife	this child One (b) CERTIFICATE (Born alive, stillborn) rnished by (F	Born alive and now living
23. Number of children of this mother: (a) 24. I HEREBY CERTIFY That I arended the and at the place stated above, and the who is related as(Mother, e) 25. Attendant's OWN signature State of	At time of birth and including ATTENDENT'S ne birth of this child, who was at personal particulars were fur stc.) M.D. Midwife	this child One (b CERTIFICATE (Born alive, stillborn) mished by (F	Born alive and now living
23. Number of children of this mother: (a) 24. I HEREBY CERTIFY That I arended the and at the place stated above, and the who is related as(Mother, e) 25. Attendant's	At time of birth and including ATTENDENT'S ne birth of this child, who was at personal particulars were fur stc.) M.D. Midwife	this child One (b) CERTIFICATE (Born alive, stillborn) rnished by (F) Address	Born alive and now living
23. Number of children of this mother: (a) 24. I HEREBY CERTIFY That I arended the and at the place stated above, and the who is related as	At time of birth and including ATTENDANT'S ne birth of this child, who was at personal particulars were fur stc.) M.D. Midwife	this child One (b) CERTIFICATE (Born alive, stillborn) Thished by (F) Address AFF To be completed when the ct aunt	Date
23. Number of children of this mother: (a) 24. I HEREBY CERTIFY That I arended the and at the place stated above, and the who is related as (Mother, c) 25. Attendant's (Mother, c) 26. Oregon County of Multinomah I, the undersigned, being first duly sy	At time of birth and including ATTENDANT'S THE NO ANT'S M.D. Midwife THE NO ANT'S M.D. Midwife THE NO ANT'S THE NO ANT'	this child One (b CERTIFICATE (Born alive, stillbern) mished by (F Address AFF To be completed when the ct aunt	Date
23. Number of children of this mother: (a) 24. I HEREBY CERTIFY That I arended the and at the place stated above, and the who is related as (Mother, e) 25. Attendant's OWN signature State of Oregon County of Multnomah I, the undersigned, being first duly symbove, that I am now 75	At time of birth and including ATTENDENT'S THE DENT'S THE DENT'	this child One (b) CERTIFICATE (Born alive, stillbern) Thished by (F) Address AFF To be completed when the att aunt (Mother, etc.) have known this person for	Date IDAVIT tendant does not sign in Item 25.) of the person whose name appears in Ite 6.4
23. Number of children of this mother: (a) 24. I HEREBY CERTIFY That I arended the and at the place stated above, and the who is related as	At time of birth and including ATTENDENT'S ne birth of this child, who was at personal particulars were fur tc.) M.D. Midwife ss. (Town, say that I am the	this child One (b) CERTIFICATE (Born alive, stillbern) Thished by (F) Address AFF To be completed when the att aunt (Mother, etc.) have known this person for who attended this birth	Date IDAVIT tendant does not sign in Item 25.) of the person whose name appears in Ite 64
23. Number of children of this mother: (a) 24. I HEREBY CERTIFY That I arended the and at the place stated above, and the who is related as	At time of birth and including ATTENDANT'S ne birth of this child, who was at personal particulars were fur ttc.) M.D. Midwife ss. (Total parts)	this child One (b) CERTIFICATE (Born alive, stillbern) rnished by (F) Address AFF o be completed when the at aunt (Mother, etc.) have known this person for the completed who attended this birth	Date Date
23. Number of children of this mother: (a) 24. I HEREBY CERTIFY That I arended the and at the place stated above, and the who is related as	At time of birth and including ATTENDANT'S ne birth of this child, who was at personal particulars were fur stc.) M.D. Midwife yorn, say that I am the	this child One (b) CERTIFICATE (Born alive, stillbern) Thished by (F) Address AFF To be completed when the att aunt (Mother, etc.) have known this person for the completed who attended this birth	Date Date IDAVIT tendant does not sign in Item 25.) of the person whose name appears in Ite 64
23. Number of children of this mother: (a) 24. I HEREBY CERTIFY That I arended the and at the place stated above, and the who is related as	At time of birth and including ATTENDENT'S ne birth of this child, who was at personal particulars were fur stc.) M.D. Midwife ss. (Town, say that I am the	CERTIFICATE (Born alive, stillborn) Thished by Address AFF To be completed when the attended this person for who attended this birth	Date IDAVIT tendant does not sign in Item 25.) of the person whose name appears in Ite 64
23. Number of children of this mother: (a) 24. I HEREBY CERTIFY That I arended the and at the place stated above, and the who is related as	At time of birth and including ATTENDENT'S ne birth of this child, who was at personal particulars were fur stc.) M.D. Midwife ss. (Town, say that I am the	CERTIFICATE (Born alive, stillborn) Thished by Address AFF To be completed when the attended this person for who attended this birth	Date IDAVIT tendant does not sign in Item 25.) of the person whose name appears in Ite 64
23. Number of children of this mother: (a) 24. I HEREBY CERTIFY That I arended the and at the place stated above, and the who is related as (Mother, e) 25. Attendant's OWN signature State of Oregon County of Multnomah I, the undersigned, being first duly swabove, that I am now 75 the physician (First name) state that the facts on the certificate above 1937 Session Laws.	At time of birth and including ATTENDANT'S THE NOTICE TO	CERTIFICATE (Born alive, stillbern) rnished by (F Address AFF To be completed when the att aunt (Mother, etc.) have known this person for years who attended this birth (Is nowledge, and that I desire to the still aunt	Date Date
23. Number of children of this mother: (a) 24. I HEREBY CERTIFY That I arended the and at the place stated above, and the who is related as (Mother, e) 25. Attendant's (Mother, e) State of Oregon County of Multnomah I, the undersigned, being first duly swabove, that I am now 75 the physician (First name) state that the facts on the certificate above 1937 Session Laws.	At time of birth and including ATTENDANT'S THE NOTICE TO	this child One (b) CERTIFICATE (Born alive, stillborn) Thished by (F) Address AFF To be completed when the attended with the completed when the attended this birth (Is nowledge, and that I desire to the complete with the complete when the attended the complete who attended this birth (Is nowledge, and that I desire to the complete with the complete	Date Date
23. Number of children of this mother: (a) 24. I HEREBY CERTIFY That I arended the and at the place stated above, and the who is related as	At time of birth and including ATTENDANT'S The birth of this child, who was at personal particulars were function. M.D. Midwife SS. (Toworn, say that I am the	this child One (b) CERTIFICATE (Born alive, stillborn) Thished by (F) Address AFF To be completed when the at aunt (Mother, etc.) have known this person for who attended this birth (Is nowledge, and that I desire to be a sunday of the complete of the c	Date Date
23. Number of children of this mother: (a) 24. I HEREBY CERTIFY That I arended the and at the place stated above, and the who is related as	At time of birth and including ATTENDANT'S ne birth of this child, who was at personal particulars were furse. M.D. Midwife ss. (Toworn, say that I am the pears of age, that I are true to the best of my known in Idahor see Sec. 7-914.	this child One (b) CERTIFICATE (Born alive, stillbern) rnished by (F) Address AFF To be completed when the at aunt (Mother, etc.) have known this person for who attended this birth. (Is nowledge, and that I desire to be completed when the aunt (Is nowledge, and that I desire to be completed when the a	Date Date
23. Number of children of this mother: (a) 24. I HEREBY CERTIFY That I arended the and at the place stated above, and the who is related as	At time of birth and including ATTENDANT'S ne birth of this child, who was at personal particulars were furse. M.D. Midwife ss. (Toworn, say that I am the pears of age, that I are true to the best of my known in Idahor see Sec. 7-914.	this child One (b) CERTIFICATE (Born alive, stillborn) Thished by (F) Address AFF To be completed when the at aunt (Mother, etc.) have known this person for who attended this birth (Is nowledge, and that I desire to be a sunday of the complete of the c	Date Date

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JUL 8 1944

29/1722029 598			392 82
United States		of date of birth of THIS child.)	State File No.
Department of Commerce	CERTIFICAT	E OF BIRTH	Local Reg. No
Bureau of the Census	STATE O	F_IDAHO	Reg. Dist. No
1. PLACE OF BIRTH (All items at time (a) Count (All items at time	of this birth	2. USUAL RESIDENCE OF M	OTHER (At time of this birth)
(a) Count Calain	(b) City // Cons	(a) State / Jolah	O (b) County atah
(c) Street Address or R.F.D. No.	with no. I mose	(c) City Mose	
(d) Name of Hospital or Maternity I			
-	,	(d) Street Address or R.F.I	No 3 miles no mos
(e) Mothers stay BEFORE delivery:		(e) How long has MOTHE	R lived in Idaho?
In THIS county 2 years	months days	3. RESIDENCE OF FATHER (c	city, state) Same
4. FULL NAME	3/ 1		f Birth of Child
OF CHILD MAN LAW	remy fram	(Month	, day, year). (Life 2 1
6. Sex Wall 7. Twin of Triplet	,	8. No. months	9 /2 100000000000000000000000000000000000
FATHER OF		of Pregnancy	9. Legitimate?
10. FULL & FRIENCE	CHILD	16. FULL MAIDEN	HER OF CHILD
NAME Clasim Ed	ward pramer	NAME LUCE	le nichols
	2. Age at time	17. Color	18. Age at time 🔪 🕿
or Race William	of THIS birth yrs.	or Race	of THIS birth
13. Birthplace Shring Jul	et UIL.	19. Birthplace ofto	nd Gregor
14. Exact (City or town)	(State or foreign country)		or town) (State or foreign country
Occupation 1	<i>م</i> ـ	20. Exact Occupation	e-71/1/2
	***************************************	21. Industry or	
15. Industry of			
Business		Business	
Business 22. Name prophylactic used to preven	: (a) At time of birth and including	this child	n alive and now living
Business 22. Name prophylactic used to preven 23. Number of children of this mother	: (a) At time of birth and including ATTENDANT'S	this child	n alive and now living
22. Name prophylactic used to prever 23. Number of children of this mother 24. I HEREBY CERTIFY That I attend	ATTENDANT'S ed the birth of this child, who was	this child	n alive and now living
Business 22. Name prophylactic used to prevent 23. Number of children of this mother 24. I HEREBY CERTIFY That I attend and at the place stated above, an	: (a) At time of birth and including ATTENDANT'S ed the birth of this child, who was d that personal particulars were fu	this child	at
Business 22. Name prophylactic used to prevent 23. Number of children of this mother 24. I HEREBY CERTIFY That I attend and at the place stated above, an	: (a) At time of birth and including ATTENDANT'S ed the birth of this child, who was d that personal particulars were fu	this child	at
Business 22. Name prophylactic used to prevent 23. Number of children of this mother 24. I HEREBY CERTIFY That I attend	: (a) At time of birth and including ATTENDANT'S ed the birth of this child, who was d that personal particulars were fu	this child	at
Business 22. Name prophylactic used to prevent 23. Number of children of this mother 24. I HEREBY CERTIFY That I attend and at the place stated above, an who is related as	(a) At time of birth and including ATTENDANT'S ed the birth of this child, who was d that personal particulars were further, etc.)	g this child	an alive and now living
Business 22. Name prophylactic used to prevent 23. Number of children of this mother 24. I HEREBY CERTIFY That I attend and at the place stated above, an who is related as(Mother 25. Attendant's OWN signature	ed the birth of this child, who was d that personal particulars were funder, etc.)	g this child	an alive and now living
Business 22. Name prophylactic used to prevent 23. Number of children of this mother 24. I HEREBY CERTIFY That I attend and at the place stated above, and who is related as	ed the birth of this child, who was d that personal particulars were further, etc.) M.D. Midwife	g this child	an alive and now living
Business 22. Name prophylactic used to prevent 23. Number of children of this mother 24. I HEREBY CERTIFY That I attend and at the place stated above, an who is related as	ed the birth of this child, who was d that personal particulars were further, etc.) M.D. Midwife	this child	ame) (Last name) Date VIT cant does not sign in Item 25.)
Business 22. Name prophylactic used to prevent 23. Number of children of this mother 24. I HEREBY CERTIFY That I attend and at the place stated above, an who is related as	ed the birth of this child, who was d that personal particulars were further, etc.) M.D. Midwife	this child	an alive and now living
Business 22. Name prophylactic used to prevent the second of this mother of children of this mother than the second of the place stated above, and at the place stated above, and who is related as. 25. Attendant's OWN signature State of County	ATTENDANT'S ed the birth of this child, who was d that personal particulars were further, etc.) M.D. Midwife y sworn, say that I am the	this child (b) Bot CERTIFICATE (Born alive, stillborn) unished by (First n Address AFFIDA To be completed when the attended of the (Mother, etc.)	malive and now living
Business 22. Name prophylactic used to prevent 23. Number of children of this mother 24. I HEREBY CERTIFY That I attend and at the place stated above, an who is related as	ATTENDANT'S ed the birth of this child, who was d that personal particulars were full her, etc.) M.D. Midwife ss. y sworn, say that I am the	Affidation (b) Borons (c) Borons	malive and now living
Business 22. Name prophylactic used to prevent 23. Number of children of this mother 24. I HEREBY CERTIFY That I attend and at the place stated above, and who is related as (Mot 25. Attendant's OWN signature State of I, the understaned, being first du above, that I are now First name)	ATTENDANT'S ed the birth of this child, who was d that personal particulars were further, etc.) M.D. Midwife years of age, that (Last name)	this child	malive and now living
Business 22. Name prophylactic used to prevent 23. Number of children of this mother 24. I HEREBY CERTIFY That I attend and at the place stated above, and who is related as (Mot 25. Attendant's OWN signature State of I, the understaned, being first du above, that I are now First name) state that the facts on the certificate of	ATTENDANT'S ed the birth of this child, who was d that personal particulars were further, etc.) M.D. Midwife years of age, that (Last name)	this child	malive and now living
Business 22. Name prophylactic used to prevent 23. Number of children of this mother 24. I HEREBY CERTIFY That I attend and at the place stated above, and who is related as (Mot 25. Attendant's OWN signature State of I, the understaned, being first du above, that I are now First name) state that the facts on the certificate of	ATTENDANT'S ed the birth of this child, who was d that personal particulars were further, etc.) M.D. Midwife years of age, that (Last name)	this child	Date (Last name) Date (Last name)
Business 22. Name prophylactic used to prevent 23. Number of children of this mother 24. I HEREBY CERTIFY That I attend and at the place stated above, and who is related as (Mot 25. Attendant's OWN signature State of I, the understaned, being first du above, that I are now First name) state that the facts on the certificate of	ATTENDANT'S ed the birth of this child, who was d that personal particulars were further, etc.) M.D. Midwife years of age, that (Last name)	Affidation (b) Bords CERTIFICATE (Born alive, stillborn) Innished by (First not not not not not not not not not no	Date The dive and now living
Business 22. Name prophylactic used to prevent 23. Number of children of this mother 24. I HEREBY CERTIFY That I attend and at the place stated above, and who is related as (Mot 25. Attendant's OWN signature State of I, the understaned, being first du above, that I are now First name) state that the facts on the certificate of	ATTENDANT'S ed the birth of this child, who was d that personal particulars were further, etc.) M.D. Midwife years of age, that (Last name)	this child	Date (Last name) Date (Last name)
Business 22. Name prophylactic used to prevent the second of this mother of children of this mother than the second of the second of this mother than the second of the s	ATTENDANT'S ed the birth of this child, who was d that personal particulars were further, etc.) M.D. Midwife ss. y sworn, say that I am the	Affidation (b) Both a completed when the attendation (b) I have known this person for the completed and that I desire to have the completed when I desire to have the completed when the attendation (Is now considered that I desire to have the completed when I desire to have the complete that I desire th	malive and now living
Business 22. Name prophylactic used to prevent the second of this mother of children of this mother than the second of the second of this mother than the second of the s	ATTENDANT'S ed the birth of this child, who was d that personal particulars were further, etc.) M.D. Midwife ss. y sworn, say that I am the	Affidation (b) Both a completed when the attendation (b) I have known this person for mowledge, and that I desire to have a completed when the desire to have a complete to have the complete that I desire to have a complete to have a complete that I desire that I de	malive and now living
Business 22. Name prophylactic used to prevent the second of this mother of children of this mother than the second of the second of this mother than the second of the s	ATTENDANT'S ed the birth of this child, who was d that personal particulars were further, etc.) M.D. Midwife ss. y sworn, say that I am the	Affidation (b) Both a completed when the attendation (b) I have known this person for mowledge, and that I desire to have a completed when the desire to have a complete to have the complete that I desire to have a complete to have a complete that I desire that I de	malive and now living
Business 22. Name prophylactic used to prevent the second of this mother of children of this mother than the second of the place stated above, and at the place stated above, and who is related as (Mod 25. Attendant's OWN signature State of County of I, the understaned, being first duabove, that I am now First name) state that the facts on the certificate of 1937 Session Laws.	ATTENDANT'S ed the birth of this child, who was d that personal particulars were further, etc.) M.D. Midwife ss. y sworn, say that I am the	Affidation (b) Both a completed when the attendation (b) I have known this person for mowledge, and that I desire to have a completed when the desire to have a complete to have the complete that I desire to have a complete to have a complete that I desire that I de	malive and now living
Business 22. Name prophylactic used to prevent the second of this mother of children of this mother than the second of the property of the second of the place stated above, and at the place stated above, and who is related as the second of	ATTENDANT'S ed the birth of this child, who was d that personal particulars were full ther, etc.) M.D. Midwife ss. y sworn, say that I am the	Affidation (b) Both a completed when the attendation (b) I have known this person for mowledge, and that I desire to have a completed when the desire to have a complete to have the complete that I desire to have a complete to have a complete that I desire that I de	malive and now living

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

54	46 208030-367	<i>(</i> 2)		State File No 392844
0111	niou bia.ob		s of date of birth of THIS child.)	pidle the No
-	epartment of Commerce		TE OF BIRTH	Local Reg. No
	reau of the Census		OF IDAHO	Reg. Dist. No
	PLACE OF BIRTH (All items at time			MOTHER (At time of this birth)
	(a) County Lemhi		(a) StateIdaho	(b) CountyLemhi
	(c) Street Address or R.F.D. No		(c) CitySalmon	\$ 25 ℃ at
,	(d) Name of Hospital or Maternity H		(d) Street Address or R.F.	D. No.
	(e) Mothers stay BEFORE delivery:			IER lived in Idaho?yr
4	In THIS county 29 years FULL NAME	months days	3. RESIDENCE OF FATHER 5. Date	(city, state) Salmon, Idaho of Birth of Child
	of CHILD Sthel Edwar	rds	(Mon	th, day, year) July 8, 1880
	7. Twin or			
Ď.	Sex Female Triplet			
10	FATHER OF FULL	CHILD	16. FULL MAIDEN	THER OF CHILD
10.	NAME Edgar Samual Edv	wards	NAME Susan	F. Cox
11.	Color 12	2. Age at time	17 Color	18 Age at time
	or Race	of THIS birth41yrs.	or Race. White.	of THIS birth 29 yrs
13.	. Birthplace Buffalo (City or town)	(State or foreign country)	19. Birthplace Jackson	county Missouri (ty or town) (State or foreign country)
14.	. Exact	(Same or records on many)	20. Exact	, ,
	Occupation			ife
15.	. Industry or Business Hotel		21. Industry or Business	
			<u>' </u>	
		The second secon		
23.	. Number of children of this mother:	: (a) At time of birth and including	g this child	form alive and now living 4
			'S CERTIFICATE	•
24.	, I HEREBY CERTIFY That I attende	ed the birth of this child, who wo	(Born alive, stillborn)	at unknown M. on the dat
	and at the place stated above, an	d that personal particulars were	furnished by	
	who is related as		(First	name) (Last name)
	who is related as(Mot)	her, etc.)		
25.	. Attendant's	M.D.	Address	Date
	OWN signature	Midwife		
Sta	ate of IDAHO		AFFID	AVIT
Coi	ounty of LEMHI		(To be completed when the atter	
	I, the undersigned, being first dul-	y sworn, say that I am the	BROTHER of t	he person whose name appears in Item
			(Mother etc.)	64
	ove, that I am now 74	years of age, that	(Mother, etc.) I have known this person for	
	ove, that I am now	years of age, that	(Mother, etc.) I have known this person for who attended this birth	Now Deceased I furth
•••••	ove, that I am now	years of age, that	(Mother, etc.) I have known this person for , who attended this birth (Is now	Now Deceased I further deceased or (Cannot be located)
e tai	Dr. George A. Kinny (First name) atè that the facts on the certificate a	years of age, that	(Mother, etc.) I have known this person for, who attended this birth (Is now knowledge, and that I desire to h	Now Deceased I further deceased or (Cannot be located) are this birth recorded under Chapter 13
e tai	ove, that I am now	years of age, that	(Mother, etc.) I have known this person for, who attended this birth (Is now knowledge, and that I desire to h	Now Deceased I further deceased or (Cannot be located) are this birth recorded under Chapter 13
e foi	Dr. George A. Kinny (First name) atè that the facts on the certificate a	years of age, that	(Mother, etc.) I have known this person for ,, who attended this birth (Is now knowledge, and that I desire to h	Now Deceased I further deceased) or (Cannot be located) are this birth recorded under Chapter 13
e foi	Dr. George A. Kinny (First name) atte that the facts on the certificate a 37 Session Laws.	(Last name) above are true to the best of my b	(Mother, etc.) I have known this person for (Is now knowledge, and that I desire to hear the state of	Now Deceased I further deceased) or (Cannot be located) are this birth recorded under Chapter 13 Signature IDAHO P.O. Address
etai	Dr. George A. Kinny (First name) ate that the facts on the certificate at 37 Session Laws. Subscribed and sworn to before n	(Last name) above are true to the best of my land to the best of my	(Mother, etc.) I have known this person for , who attended this birth (Is now knowledge, and that I desire to he SALMON,	Now Deceased I further deceased) or (Cannot be located) ave this birth recorded under Chapter 13: Signatur IDAHO P. O. Address 19 44.
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stal 193	Dr. George A. Kinny (First name) ate that the facts on the certificate at 37 Session Laws. Subscribed and sworn to before no (SEAL) (Note: Perjury is punishable as a	(Last name) above are true to the best of my land this 17th day of a felony in Idaho; see Sec. 17-91	(Mother, etc.) I have known this person for , who attended this birth (Is now that I desire to he should be should	Now Deceased I further deceased) or (Cannot be located) ave this birth recorded under Chapter 13: IDAHO P. O. Address Dic, residing at SALMON, IDAHO
etai 193	Dr. George A. Kinny (First name) ate that the facts on the certificate at 37 Session Laws. Subscribed and sworn to before no (SEAL)	(Last name) above are true to the best of my land this 17th day of a felony in Idaho; see Sec. 17-91	(Mother, etc.) I have known this person for , who attended this birth (Is now that I desire to he should be should	IDAHO P. O. Addres Light Signatur Signatur P. O. Addres Light Signatur Dic, residing at SALMON IDAHO

(1937 Session Laws, Chapter 139, Section 4)

595-113-000 754 394318 (Be sure the information is as of date of birth of THIS child) United States State File No..... Department of Commerce CERTIFICATE OF BIRTH Local Reg. No..... COMPLETED for filing. No. **Bureau of Census** STATE OF IDAHO Reg. Dist. No..... 1. PLACE OF BIRTH 2. USUAL RESIDENCE of MOTHER (At time of this birth) (a) County Lemhi (b) City (a) State Idaho (b) County Lemhi (c) Street Address or R.F.D. No.... (c) City (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No..... At Home (e) How long has MOTHER lived in Idaho? Severes. (e) Mother's stay **BEFORE** delivery: Mail C Idaho, In Hosp. or Mat. Home.....days. IN THIS county 1 years month days 4. FULL NAME William Vreeland 5. Date of Birth this certificate. Statistics, Boise, (Month, day year) June 13,1880 If so—born 8. No. months 7. Twin or 6. Sex Male Triplet 1st, 2nd, 3rd of Pregnancy 9 9. Legitimate? Yes FATHER OF CHILD MOTHER OF CHILD 10. **FULL** 16. FULL MAIDEN NAME Henry Vreeland NAME Eliza Perry 11. Color white 12. Age at time or Race of THIS birth 34 yrs. 17. Color 18. Age at time or Race White of THIS birth 30 yrs. 13. Birthplace New Jersey (State or foreign country) 19. Birthplace Wales
(City or town) (State or foreign country) 20. Exact Occupation Stage Driver Occupation House wife 15. Industry or 21. Industry or Business Business (c) Born alive and now dead N_O (d) Stillborn N_O related to this child as.

26. (a) AUG 2 1 1944 (b) (Mother etc.)

(Date received) (Registrar's signature)

27. Given name added on (Registrar's signature) 25. Attendant's OWN signature M.D. (D.O.,Midwife,etc.) and address State of Idaho . } ss. AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED I. Margaret McRea , being first duly sworn, say that I am Related to William Vreeland as Sister (Related to (or) acquainted with)
whose birth certificate only BLACK Ink or in envelope bearing iling. Each certified (Name of person on certificate above) (State relationship or acquaintance) said birth 1s now deceased and that this birth has not been previously recorded (Is now deceased (or) cannot be located) man gaset Mu FRea Signature Leadore, Idaho P. O. Address Subscribed and sworn to before me on this 15th day of August 19.44 W W Simoniando NEW XPANIO X KENING XXXX (SEAL) Clerk of the District Court .

(1937 Session Laws, Chapter 139, Section 4)

694-110-021-695 envelope bearing (Be sure the information is as of date of birth of THIS child.) State File No.. Department of Commerce CERTIFICATE OF BIRTH Local Reg. No..... Bureau of the Census STATE OF IDAHO Reg. Dist. No..... 1. PLACE OF BIRTH (All items at time of this birth) 2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) County Franklin y (b) City lass (a) State.... (b) County..... (c) Street Address or R.F.D. No. 10. S. January (c) City Prestow (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No. 20. Since mation COMPLETED certificate (e) Mothers stay BEFORE delivery: (e) How long has MOTHER lived in Idaho? In THIS county 78 years months days 3. RESIDENCE OF FATHER (city, state) 4. FULL NAME 5. Date of Birth of Child OF CHILD. (Month, day, year). 7. Twin or If so—born Jews /0 8. No. months for filing. 6. Sex 1st, 2nd, 3rd Triplet Legitimate? 1880 of Pregnancy FATHER OF CHILD MOTHER OF CHILDA 10. FULL 16. FULL MAIDEN NAME NAME Color 12. Age at time 17. Color 18. Age at time or Race. of THIS birth. of THIS birth. 19. Birthplace... (State or foreign country) (City or town) Exact 20. Exact Occupation... Occupation... Industry or 21. Industry or Business Business 22. Name prophylactic used to prevent Orbithalmia Neonatorum..... ATTENDANT'S CERTIFICATE and at the place stated above, and that personal particulars were furnished by................................ (Last name) who is related as..... (Mother, etc.) 25. Attendant's M.D. Address Date **OWN** signature Midwife **AFFIDAVIT** (To be completed when the attendant does not sign in Item 25.) County of. I, the undersigned, being first duly sworn, say that I am the..... of the person whose name appears in Item 4. Ayears of age, that I have known this person for...... above that I am now.....years, and that who attended this birth Land (Is now deceased) or (Cannot be located) state that the facts on the certificate above are true to the best of my knowledge, and that I design to have this birth recorded under Chapter 139, 1937 Session Laws. L...., Notary Public, residing at A (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Code Annotated.)

(1937 Session Laws, Chapter 139, Section 4)

993-228.036-168 State File N. ... United States (Be sure the information is as of date of birth of THIS child) Department of Commerce CERTIFICATE OF BIRTH Local Reg. No..... Bureau of the Census STATE OF IDAHO Reg. Dist. No..... 2. USUAL RESIDENCE OF MOTHER (At time of this birth) 1. PLACE OF BIRTH (All items at time of this birth) (a) County Oneida (b) City Malad (a) State Idaho (b) County Oneida (c) Street Address or R.F.D. No..... (c) City Malad (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No. (e) How long has **MOTHER** lived in Idaho?......yrs. (e) Mother's stay **BEFORE** delivery: 3. RESIDENCE OF FATHER (city, stateMalad Idaho IN THIS county 7 years months 4. FULL NAME Mary Ann Richards 5. Date of Birth of Child (Month, day, year)...Sept....28, 1880 7. Twin or If so-born 8. No. months 6. Sex Female Triplet 1st. 2nd. 3rd of Pregnancy 9 9. Legitimate? FATHER OF CHILD MOTHER OF CHILD 16. FULL MAIDEN Ann John NAME Edmund T Richards 17. Color White 18. 18. Age at time 11. Color 12. Age at time of THIS birth 33 vrs. of THIS birth 29 vrs. or Race White 19. Birthplace Wales England (City or town) (State or foreign country) 13. Birthplace Wales England (City or town) (State or foreign country) 14. Exact 20. Exact Occupation Farmer Occupation Housewife 15. Industry or 21. Industry or Farming Business **Business** 22. Name prophylactic used to prevent Ophthalmia Neonatorum. ATTENDANT'S CERTIFICATE 24. I HEREBY CERTIFY That I attended the birth of this child, who was _____at _____M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....(Mother, etc.) 25. Attendant's Midwife Address Date **OWN** signature State of Jacks **AFFIDAVIT** to be completed when the attendant does not sign County of ONEIDA in Item 25. I, the undersigned, being first duly sworn, say that I am the SINTER of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that FLIZA PRICE WILLIAM, who attended this birth (Is now deceased) or (Cannot be Leaved) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. Mangart Signature Signature MALAD, TDAHO P. O. Address Subscribed and sworn to before me this 2 d day of 19 44 (SEAL).

(SEAL): (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho code is method.) Received for filing on SEP 5 1944 by Registrar.

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

624-016-004	1-843	. •			39	4462
United States		re the information is as c	f date of birth of THIS ch	illd.) Sto	te File No	4 4 4 0 0
Department of Commerce	•	CERTIFICATE	OF BIRTH	Loc	al Reg. No	
Bureau of the Census		STATE OF		Re	g. Dist. No	
1. PLACE OF BIRTH (All	items at time of this birth) 0	2. USUAL RESIDENCE			
(a) Country Be-as	Lake (b) City L	3 I morning aton	(a) State Saalu		County Bear	\' U
	R.F.D. No.					-
			(c) City	mmyglow	<u></u>	
(d) Name of Hospital	or Maternity Home:	i i	(d) Street Address	or R.F.D. No.		
/ \ \ \$ E (1					11-	
(e) Mothers stay BEF (In THIS county		onths days	(e) How long has 3. RESIDENCE OF FA	THER (city, state)	Blown	time 2
4. FULL NAME ALCOHOLD	ce Mand Os	mond	5.	Date of Birth of (Month, day, ye	Child \mathcal{J}	6. 188
c c L' ' 0	7. Twin or	If so—born	8. No. mor	nths 🕜	0	<i>j</i> / .
6. Sex Jul	Triplet	lst, 2nd, 3rd	of Pregi		9. Legitimate?	yes
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NAME SLOT	al Camo	no	16. FULL MAIDEN NAME	10 or aus	in the	Pula
11. Color , 0	12. Age at ti	me	17. Color	L 18	Age at time	
or Race	of THIS	birth 43 yrs.	or Race WY	te V	of THIS birth	44 v
13. Birthplace Lov	vdow Eng	// L // -	19. Birthplace O	lord	Englo	111
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22. Name prophylactic v 23. Number of children		e of birth and including ATTENDANT'S	this child / Ø	(b) Born alive a	nd now living	<i>f</i>
22. Name prophylactic v23. Number of children24. I HEREBY CERTIFY	of this mother: (a) At time That I attended the birth	e of birth and including ATTENDANT'S of this child, who was	this child / O CERTIFICATE (Born alive, stillbo	(b) Born alive a	nd now living	<i>f</i>
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22. Name prophylactic u 23. Number of children 24. I HEREBY CERTIFY and at the place sta who is related as 25. Attendant's OWN signature State of Idaho County of Be I, the undersigned, I above, that I am now VELLIFE (First name) state that the facts on th 1937 Session Laws. Subscribed and swo (SEAL)	That I attended the birth ted above, and that person (Mother, etc.) ST Labe so eing first duly sworn, so 70 Hattate above are true to before me this	ATTENDANT'S of this child, who was onal particulars were furn M.D. Midwife s. (Ta Ty that I am the Si (Last name) ue to the best of my kno	Address Address Obe completed when the Ster (Mother, etc.) have known this person who attended this birth wledge, and that I desired the ster (Mother, etc.) and the ster (Mother, etc.) have known this person who attended this birth (Mother, etc.) and the ster (Mother, etc.) and t	(b) Born alive and	Date Ot sign in Item 25. whose name appearance (Cannot be located) the seconded under	on the do
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SEP 1 2 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

27/ 122-016 United States (Be sure the information is as of date of birth of THIS child.) State File No.... Department of Commerce CERTIFICATE OF BIRTH Local Rea. No..... Bureau of the Census STATE OF IDAHO Reg. Dist. No..... 1. PLACE OF BIRTH (All items at time of this birth) 2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) County **Cassia** (b) City. (a) State 10016 (b) County C05518 (c) Street Address or R.F.D. No. (c) City..... (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho?.... (e) Mothers stay **BEFORE** delivery: 3. RESIDENCE OF FATHER (city, state) Cossia Collaboration In **THIS** county 5. Date of Birth of Child 9 22 1880 (Month, day, year) **FULL NAME** If so-born 8. No. months 1st. 2nd. 3rd Triplet 9. Legitimate? 💋 of Pregnancy FATHER OF CHILD MOTHER OF CHILD atherine NAME..... 12. Age at time 17. Color of THIS birth. Co North 19. Birthplace Flay (City or town) (State or foreign cour (State or foreign country) tarming Occupation.... Occupation. 15. Industry or 21. Industry or Business - armex Business 22. Name prophylactic used to prevent Ophthalmia Neonatorum. ATTENDANT'S CERTIFICATE and at the place stated above, and that personal particulars were furnished by................................(First name) who is related as..... 25. Attendant's M.D. Address Date **OWN** signature Midwife State of _______ **AFFIDAVIT** (To be completed when the attendant does not sign in Item 25.) of the person whose name appears in Item 4, (Mother, etc.) above, that I am now..... rorded under Chapter 139. state that the facts on the certificate above are true to the best of my knowledge, and the I desire to have this birth 1937 Session Laws. P.O. Address Subscribed and sworn to before me this (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Received for filing on NOV 4 1944

(1937 Session Laws, Chapter 139, Section 4)

348238 695-110-037-453 United States (Be sure the information is as of date of birth of THIS child.) State File No..... Local Reg. No..... CERTIFICATE OF BIRTH Department of Commerce D certificate charge for 1 Bureau of the Census STATE OF IDAHO Reg. Dist. No..... 1. PLACE OF BIRTH (All items at time of this birth) 2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) County Owyhee (b) City Silver City (b) County Owyhee Idaho (a) State... (c) Street Address or R.F.D. No. Silver City (c) City... Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No..... At Home (e) How long has MOTHER lived in Idaho?..... (e) Mothers stay BEFORE delivery: 3. RESIDENCE OF FATHER (city, state) Silver City In THIS county months years days 5. Date of Birth of Child_ 4. FULL NAME T HOMAS DANIEL WINCHESTER (Month, day, year) Jan. 10 1880 OF CHILD. 7. Twin or If so-born 8. No. months Male of Pregnancy 9 9. Legitimate? Yes. Sex 1st. 2nd. 3rd Triplet MOTHER OF CHILD FATHER OF CHILD 16. FULL MAIDEN 10. FULL George D. Winchester Ann Metcalf NAME.... NAME..... 18. Age at time of THIS birth 4 yrs. 11. Color 12. Age at time 17. Color White or Race White of THIS birth 40 vrs. or Race.... Ypsilanti, Michigan 19. Birthplace Des Moines, Iowa 13. Birthplace..... (City or town) (State or foreign country) (City or town) (State or foreign country) Exact Exact Laborer Housewife Occupation _____ Occupation..... 21. Industry or Industry or Business Business Name prophylactic used to prevent Ophthalmia Neonatorum. ATTENDANT'S CERTIFICATE (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by...... (First name) who is related as..... (Mother, etc.) M.D. Address Date 25. Attendant's Midwife **OWN** signature Idaho. State of..... **AFFIDAVIT** County of Owyhee nty of Owyhee (To be completed when the attendant does not sign in Item 25.) I, the undersigned, being first duly sworn, say that I am the no relation of the person whose name appears (Mother, etc.) in Item 4, above, that I am now 75 years of age, that I have known this person for....years, and that Hilda Lindberg , who attended this birth is now deceased I further (Last name) (Is now deceased) or (Cannot be located) state that the facts on the certificate above are true to the best of my-knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. This abeth Wrollinger Signature Murphy. Idaho P. O. Address 27th day of... November Subscribed and sworn to before me this. Notary Public, residing at Murphy, (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Received for filing on DEC 4 - 1944 Registrar

9 030

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Dei	uted States partment of Commerce		FICATE C	te of birth of THIS child.)	State File No Local Reg. No
-	reau of the Census		STATE OF ID		Reg. Dist. No
1.	PLACE OF BIRTH (All iter		2.		IOTHER (At time of this b
	(a) County Acotnes	(b) City PATH DI			
	(c) Street Address or R.F.	D No Mane	rf-ward		(b) County Koot ne
	(d) Name of Hospital or h			(c) City RATHDRU	A 3
	······································	Latership Home.		(d) Street Address or $R.I$	F.D. No. None
	(e) Mothers stay BEFORE	delivery:		(e) How long has MOTI	IER lived in Idaho?
	In THIS county /	years months	days 3.	RESIDENCE OF FATHER	(city, state) SAME
4.	of CHILD NEILE	Pankin		5. Date of Bir	th of Child Sept. 5-13
		Rankin win or If so-	—born	8. No. months	ay, year) 98 pl. 3 = 1.3
6			ind, 3rd ✓	of Pregnancy 9	9. Legitimate?
. —	FATHER	OF CHILD	1		OF CHILD
10.	FULL T. The	Dank's	16	FULL MAIDEN TO	
11.	NAME James Th	omas Rankin	.	NAME Julia	
11.	or Race White	12. Age at time of THIS birth3.		or Race White	18. Age at time of THIS birth
	Birthplace Athens				
	(City or town)	(State or foreign coun		Birthplace Athens - (City or town)	(State or foreign count
14.	Exact	_	**	Exact	
	Occupation FATME	. Y		Occupation House	rife
15.			21	. Industry or	•
. —	Business /		!	Business	
22.				de not know	
23.	Number of children of thi			cluding this child7 (b)	Born alive and now living
	And the second s		NDANT'S CER		
	I HEREBY CERTIFY That	l'attended the birth of t	inis child, who	(Born alive, stillborn)	at M. on the
	and at the place stated a	bove, and that personal	particulars w	ere furnished by	
•		_	~	(First na	ume) (Last name
•		Iother, etc.)			
	who is related as		355 433-	nea .	Date
	(M		M.D. Addr	E88	
25.	Attendant's OWN signature		M.D. Addr Midwife	Ç80	
25.	Attendant's OWN signature				
25. Sta	Attendant's OWN signature)	Midwife	AFFII	AVIT
25. Sta	Attendant's OWN signature ate of Montaus unty of Villamitane	} ss.	Midwife (To)	AFFII oe completed when the atte	PAVIT ndant does not sign in Iten
25. Sta	Attendant's OWN signature ate of Montaus unty of Yellowstone I, the undersigned, being i	ss.	(To)	pe completed when the atte	DAVIT ndant does not sign in Iten the person whose name ap
25. Sta	Attendant's OWN signature ate of Montaus unty of Yellowstone I, the undersigned, being in the Management of the Managem	ss. First duly sworn, say that w	(To) I am the age, that I has	pe completed when the atte	DAVIT Indant does not sign in Item the person whose name ap the life 64 years, and
25. Sta	Attendant's OWN signature ate of Montaus unty of Yellowstone I, the undersigned, being in The Mrs. My Kins	ss. First duly sworn, say that w_69 years of (nudwift)	(To) I am the age, that I ha	AFFII De completed when the atte Latin of (Mother, etc.) Eve known this person for the attended this birth	DAVIT Indant does not sign in Item the person whose name ap the life 64 years, and your dectased I for
25. Sta Cou	Attendant's OWN signature ate of Mentauca unty of Yellowia ac I, the undersigned, being in Item 4, above, that I am no Mrs Alvins (First name)	irst duly sworn, say that w 69 years of (nudwift) (Last name	(To) I am the age, that I ham the who	AFFII oe completed when the atte of (Mother, etc.) ave known this person for a of (Is now deco	DAVIT Indant does not sign in Item the person whose name ap All her life (4) years, and ased) or (Cannot be located)
25. Sta Cou	Attendant's OWN signature ate of Montana unty of Yellowdone I, the undersigned, being in I tem 4, above, that I am no (Fish name) ate that the facts on the cei	irst duly sworn, say that w 69 years of (mulwift) (Last nar rtificate above are true	(To) I am the age, that I ham, who	AFFII oe completed when the atte of (Mother, etc.) ave known this person for a classification of the complete of the comp	DAVIT Indant does not sign in Item the person whose name ap the life (4) years, and to w deleased I for cased) or (Cannot be located) desire to have this birth re
25. Sta Cou	Attendant's OWN signature ate of Mentauca unty of Yellowia ac I, the undersigned, being in Item 4, above, that I am no Mrs Alvins (First name)	irst duly sworn, say that w 69 years of (mulwift) (Last nar rtificate above are true	(To) I am the age, that I hame) to the best of	AFFII be completed when the atte (Mother, etc.) ive known this person for a cattended this birth is a (Is now decomy knowledge, and that I Uthur L. Ran	DAVIT Indant does not sign in Item the person whose name ap the life by years, and you deleased If ased) or (Cannot be located) desire to have this birth re
25. Sta Cou	Attendant's OWN signature ate of Montana unty of Yellowdone I, the undersigned, being in I tem 4, above, that I am no (Fish name) ate that the facts on the cei	ss. first duly sworn, say that w 69 years of (Mulwift) (Last nar retificate above are true to session Laws.	I am the age, that I ham the me) to the best of	AFFII the completed when the attended this birth is now decoming the known that I Completed when the attended this birth is now decoming knowledge, and that I Completed when the attended this birth is now decoming knowledge, and that I Completed when the attended this birth is now decoming the attended this birth is now decoming the attended the atte	PAVIT Indant does not sign in Item the person whose name ap the life years, and ased) or (Cannot be located) desire to have this birth re Sign Tana P. O. Ac
25. Sta Cou	Attendant's OWN signature ate of Montana unty of Villawitane I, the undersigned, being if Item 4, above, that I am no Mrs. Mrs. Mrs. Item 1.	ss. first duly sworn, say that w 69 years of (Nutrifle) (Last name of the session Laws.	I am the age, that I ham the me) to the best of	AFFII the completed when the attended this birth is now decoming the known that I Completed when the attended this birth is now decoming knowledge, and that I Completed when the attended this birth is now decoming knowledge, and that I Completed when the attended this birth is now decoming the attended this birth is now decoming the attended the atte	PAVIT Indant does not sign in Item the person whose name ap the life years, and ased) or (Cannot be located) desire to have this birth re Sign Tana P. O. Ac
25. Sta Cou	Attendant's OWN signature ate of Montana unty of Villamiana I, the undersigned, being if Item 4, above, that I am no Mrs Mulkins (Fisc pame) te that the facts on the cer under Chapter 139, 1937 Se	ss. first duly sworn, say that w 69 years of (Nutrifle) (Last name of the session Laws.	I am the age, that I ham the me) to the best of	AFFII be completed when the atte (Mother, etc.) ive known this person for attended this birth (Is now decomy knowledge, and that I Arthur L. Ran (18-Billings mo	DAVIT Indant does not sign in Item the person whose name ap the life by years, and ased) or (Cannot be located) desire to have this birth re life Sign Tank P. O. Ac
25. Sta Cou	Attendant's OWN signature ate of Montana unty of Yellowdone I, the undersigned, being if Item 4, above, that I am no Mrs. May 1 in S ate that the facts on the ce under Chapter 139, 1937 Se Subscribed and sworn to h	ss. first duly sworn, say that w 69 years of (Last nan rtificate above are true is ssion Laws.	Midwife (To) I am the graph age, that I have to the best of the best of the day of the control	AFFII be completed when the atte (Mother, etc.) ive known this person for attended this birth (Is now decomy knowledge, and that I Arthur L. Ran (18-Billings mo	DAVIT Indant does not sign in Item the person whose name ap the life (4) Years, and the life (4) All the life (4) Al

24er 3 t NAC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

666-222-036-349 (Be sure the information is as of date of birth of THIS child.) United States State File N Local Reg. No. Department of Commerce CERTIFICATE OF BIRTH Bureau of the Census STATE OF IDAHO Reg. Dist. No..... PLACE OF BIRTH (All items at time of this birth)
(a) County (b) City Tracklerer USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State_____(b) County_____ (c) Street Address or R.F.D. No. (c) City..... (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? la Moves (e) Mothers stay **BEFORE** delivery: In THIS county years a months 3. RESIDENCE OF FATHER (city, state) days FULL NAME & 5. Date of Birth of Child 2 Jan 1880 (Month, day, year) 22 Jan 1880 If so-born 8. No. months Sex Triplet 1st, 2nd, 3rd of Pregnancy 9. Legitimate? FATHER OF CHILD MOTHER OF CHILD FULL MAIDE 48. Age at time 12. Age at time 32....yrs. Color/ 17. Color or Race of THIS birthest. 19. Birthplace 10 Birthblace (State of foreign country) (City or town) (City or town) (State or foreign country) Exact Exact Harmer Occupation... Occupation Industry or 21. Industry or **Business** Business Name prophylactic used to prevent Ophthalmia Neonatorum. ATTENDANT'S CERTIFICATE (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by..... (First name) who is related as..... (Mother, etc.) 25. Attendant's M.D. Address Date **OWN** signature Midwife State of______ **AFFIDAVIT** County of (To be completed when the attendant does not sign in Item 25.) (Mother, etc.) in Item 4, above, that I am now _____ years of age, that I have known this person for _____ & 5 _____ years, and that Wirs Mary Blainet , who attended this birth Blad I further (First name) (Last name) (Is now deceased) or (Cannot be located) state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. Subscribed and sworn to before methis.....day of... (SEAL) ..., Notary Public, residing at...... (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

(1937 Session Laws, Chapter 139, Section 4)

	562-107.037-753		Antara Antara
ם무	United States (Be sure the information)	nation is as of date of birth of THIS ch	ild.) State File N 401051
\$ <u>T</u>		TIFICATE OF BIRTH	Local Reg. No
D certificate charge for 1	Bureau of the Census	STATE OF IDAHO	Reg. Dist. No
∄ 2	1. PLACE OF BIRTH (All items at time of this birt	h) 2. USUAL RESIDENCE	OF MOTHER (At time of this birth)
P H	(a) County Owyhee (b) City Reyn	olds (a) State Idaho	(b) County Owyhee
Öğ	(c) Street Address or R.F.D. No. Idah		lds, ldaho.
O EI	(d) Name of Hospital or Maternity Home:	. I	
	None horn at home		or R.F.D. No
Ħ.	(e) Mothers stay BEFQRE delivery:	(e) How long has I	MOTHER lived in Idaho?4yrs
Z	In THIS county 4 years months	days 3. RESIDENCE OF FAT	HER (city, state) Reypolds,
COMPLETED	4. FULL NAME Dobont Noble In	5. Date	of Birth of Child 1/7/1880.
ंच हु व	or CHILD Robert Noble, Jr.	(Mon	th, day, year) <u>1/1/1880.</u>
Medi coin.		so—born 8. No. months t, 2nd, 3rd of Pregnancy	O O Logitimate VAC
•	FATHER OF CHILD	<u> </u>	7 9 9. Legitimate? Yes THER OF CHILD
certificate. Boise, Idah ley order or	10 PITT	16. FULL MAIDEN	
5 i 9	NAME RODERT NODIE	NAME	Anna Peters
Se the	11. Color 12. Age at time	17. Color	18. Age at time
9 8 ×	or RaceWhite of THIS birth	35 yrs. or Race White	of THIS birth 20 yrs
8, 20	13. Birthplace Cumberland, England.	19. Birthplace St.J	oseph,Missouri.
eting this Statistics, ents, mon	(City or town) (State or foreign of	ountry) (City or	town) (State or foreign country)
P. H. %	74 k'vaat	90 Even et	sewife
eting Statis	15. Industry or	Occupation Wiff	e of farmer and stock
	Business	Business raise	ser.
completing Vital Statis fifty cents,			
82#	22. Name prophylactic used to prevent Ophthalmi		
5 to E	23. Number of children of this mother: (a) At tim		(b) Born alive and now living
8 2 ±	AT	TENDANT'S CERTIFICATE	
writer ribbon State Bureau nce payment	24. I HEREBY CERTIFY That I attended the birth of	or this child, who was	M. on the date
무료를	and at the place stated above, and that person	al particulars were furnished by	 /
9 0 A		(1	First name) (Last name)
write State	who is related as	***************************************	
P S H	(Mother, etc.) 25. Attendant's	M.D. Address	Date
g tag	OWN signature	Midwife	Date
400	State of Idaho,		
: Record typewrite S postage to State ires an advance p	State of 10ano,		AFFIDAVIT
£ 5 2	County of Canyon ss	(To be completed when the	e attendant does not sign in Item 25.)
N Sign	I, the undersigned, being first duly sworn, say the	(Mother, etc.)	of the person whose name appears
2 × 6	in Item 4, above, that I am now88years	of age, that I have known this person	for 65 years, and that
BLACK 1	Katherine Peters and a Mrs. Gr		
THE	(First name) (Last	name) (Is no	ow deceased) or (Cannot be located)
nk or FIRST	state that the facts on the certificate above are tru	e to the best of my knowledge, and th	nat I desire to have this birth record-
温口点	ed under Chapter 139, 1937 Session Laws.)00 . a Y Y	And at the
M BA	The state of the s		y Martin Signature
BLACK In bearing the certification		1511 4th. S. So	Mth. Nampa, Ida P. O. Address
E E	Subscribed and sworn to before me this 6	h day of March	
nly Bl ope be Each	(SEAL)	Madatch . Noto- Dul	olic, residing at Boise, Idaho.
only elope Eac	(Note: Perjury is punishable as a felony in Id	aho: see Sec. 17-914. Idaho Code Anno	ine, residue articitation in the state of the in-
9 4 6			14.0
283	Received for filing on MAR 7 1945	py	Registra

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

7	35 2302048 - 689				40209
	ited States	(Be sure the	information is as o	f date of birth of THIS child.)	State File No
De	partment of Commerce		CERTIFICATE	OF BIRTH	Local Reg. No
	reau of the Census		STATE OF		Reg. Dist. No
	PLACE OF BIRTH (All items at time	of this hirth)		2. USUAL RESIDENCE OF MO	
			lonto		
	(a) County Alturas (c) Street Address or R.F.D. No. N	(b) Ony <u>M</u> .L.,	Tr-5-17-10-02	(a) State Laano	(b) County Alturas
				(c) City. Atlanta	***************************************
	(d) Name of Hospital or Maternity H			(d) Street Address or R.F.I	o. No. None
	(e) Mothers stay BEFORE delivery:				R lived in Idaho?
		months	days	3. RESIDENCE OF FATHER (c	
4.	OF CHILD Marie Lillian		•••••	5. Date of (Month	of Birth of Child October 30,188
6.	Sex Female 7. Twin or Triplet	No	If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy	9. Legitimate? Yes
	FATHER OF	CHILD	1	MOT	HER OF CHILD
10.	7777 #			16. FULL MAIDEN NAME Mary Card	-3 4 · · · · · · · · · · · ·
	NAME Constantine Char			NAME Mary Car	oline white
11.	Color White 12	. Age at time	28	17. Color Whote	
	or Race		38 yrs.	Of Tides	of THIS birth 32
13.	Birthplace Hillsboro, Oh:				y City, Ohio
	(City or town)		eign country)		y or town) (State or foreign country)
14.	Exact Goldmine Fore	eman		20. Exact Housew	ife
	Occupation			21. Industry or	
15					
15.	Industry or Business Mining			Business Mining	
_	Industry or Business Mining			Business Mining	
22.	Industry or Business Mining Name prophylactic used to preven			Business Mining	
22.	Industry or Business Mining Name prophylactic used to preven			Business Mining	
22.	Industry or Business Mining Name prophylactic used to preven		irth and including	Business Mining his child(b) Bo	
22. 23.	Industry or Business Mining Name prophylactic used to preven Number of children of this mother:	(a) At time of bi	irth and including	Business Mining his child	rn alive and now living
22. 23.	Industry or Business Mining Name prophylactic used to preven Number of children of this mother:	(a) At time of bi	irth and including	Business Mining his child	rn alive and now living
22. 23.	Industry or Business Mining Name prophylactic used to preven Number of children of this mother: I HEREBY CERTIFY That I attende	(a) At time of bi	ATTENDANT'S of the child, who was	Business Mining his child	rn alive and now living
22. 23.	Industry or Business Mining Name prophylactic used to preven Number of children of this mother: I HEREBY CERTIFY That I attende and at the place stated above, and	(a) At time of bi	ATTENDANT'S of the child, who was	Business Mining his child	rn alive and now living
22. 23.	Industry or Business Mining Name prophylactic used to preven Number of children of this mother: I HEREBY CERTIFY That I attende and at the place stated above, and	(a) At time of bi	ATTENDANT'S of the child, who was	Business Mining his child	rn alive and now living
22. 23. 24.	Industry or Business Mining Name prophylactic used to preven Number of children of this mother: I HEREBY CERTIFY That I attende and at the place stated above, and who is related as(Moth	(a) At time of bi	ATTENDANT'S of a child, who was	Business Mining his child	
22. 23. 24.	Industry or Business Mining Name prophylactic used to preven Number of children of this mother: I HEREBY CERTIFY That I attended and at the place stated above, and who is related as (Moth Attendant's)	(a) At time of bi	ATTENDANT'S of the child, who was	Business Mining his child	rn alive and now living
22. 23. 24.	Industry or Business Mining Name prophylactic used to preven Number of children of this mother: I HEREBY CERTIFY That I attended and at the place stated above, and who is related as (Mother Cown signature)	(a) At time of bi	ATTENDANT'S of a child, who was articulars were furn M.D.	Business Mining his child	arn alive and now living
22. 23. 24.	Industry or Business Mining Name prophylactic used to preven Number of children of this mother: I HEREBY CERTIFY That I attended and at the place stated above, and who is related as (Mother County Support of Mother County Support of Maho)	(a) At time of bi	ATTENDANT'S of a child, who was articulars were furnament. M.D. Midwife	Business Mining his child	malive and now living
22. 23. 24.	Industry or Business Mining Name prophylactic used to preven Number of children of this mother: I HEREBY CERTIFY That I attende and at the place stated above, and who is related as (Moth Attendant's OWN signature The of Idaho Ads	(a) At time of bi	ATTENDANT'S of a child, who was articulars were furn M.D. Midwife	Business Mining his child	m alive and now living
22. 23. 24.	Industry or Business Mining Name prophylactic used to preven Number of children of this mother: I HEREBY CERTIFY That I attende and at the place stated above, and who is related as (Moth Attendant's OWN signature The of Idaho Ads	(a) At time of bi	ATTENDANT'S of a child, who was articulars were furn M.D. Midwife	Business Mining his child	malive and now living
22. 23. 24. 25. Sto	Industry or Business Mining Name prophylactic used to preven Number of children of this mother: I HEREBY CERTIFY That I attended and at the place stated above, and who is related as (Mother County of Make) Attendant's OWN signature attended to the place of Make I, the undersigned, being first duly	(a) At time of bied the birth of this d that personal parer, etc.) ss. y sworn, say that	ATTENDANT'S of a child, who was M.D. Midwife I am the frie	Business Mining his child	malive and now living
22. 23. 24. 25. Sto	Industry or Business Mining Name prophylactic used to preven Number of children of this mother: I HEREBY CERTIFY That I attended and at the place stated above, and who is related as (Mother County of Ada I, the undersigned, being first duly ove, that I am now 76	(a) At time of bited the birth of this d that personal parer, etc.) Ss. y sworn, say that	ATTENDANT'S of a child, who was articulars were furn M.D. Midwife t I am the frie ars of age, that I	Business Mining his child	name) Clast name) Date VIT lant does not sign in Item 25.) e person whose name appears in Item Xty-four
22. 23. 24. 25. Sto	Industry or Business Mining Name prophylactic used to preven Number of children of this mother: I HEREBY CERTIFY That I attended and at the place stated above, and who is related as (Mother County of Ada I, the undersigned, being first duly ove, that I am now 76	(a) At time of bited the birth of this d that personal parer, etc.) Ss. y sworn, say that	ATTENDANT'S of a child, who was articulars were furn M.D. Midwife t I am the frie ars of age, that I	Business Mining his child	name) Clast name) Date VIT lant does not sign in Item 25.) e person whose name appears in Item xty-four
22. 23. 24. 25. Sto	Industry or Business Mining Name prophylactic used to prevent the Number of children of this mother: I HEREBY CERTIFY That I attended and at the place stated above, and who is related as the place stated above, and who is related as the place stated above, and who is related as the place stated above, and who is related as the place stated above, and who is related as the place of the place stated above, and who is related as the place of th	(a) At time of bited the birth of this d that personal parer, etc.) Ss. y sworn, say that yellenn	ATTENDANT'S of schild, who was carticulars were furnished. M.D. Midwife of I am the fried ars of age, that I is taken.	Business Mining his child	Date VIT lant does not sign in Item 25.) e person whose name appears in Iter xty-four years, and now deceased I fur
22. 23. 24. 25. Sto	Industry or Business Mining Name prophylactic used to prevent the Number of children of this mother: I HEREBY CERTIFY That I attended and at the place stated above, and who is related as the place stated above, and who is related as the place stated above, and who is related as the place stated above, and who is related as the place stated above, and who is related as the place of the place stated above, and who is related as the place of th	(a) At time of bited the birth of this d that personal parer, etc.) Ss. y sworn, say that yellenn	ATTENDANT'S of schild, who was carticulars were furnished. M.D. Midwife of I am the fried ars of age, that I is taken.	Business Mining his child	Date VIT lant does not sign in Item 25.) e person whose name appears in Item xty-four now deceased I fur deceased or (Cannot be located)
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JAN 25 1951

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)



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						State File No.
-						Local Reg. NoReg. Dist. No
(a) Co (c) Str	unty Garyon reet Address or R.1	(b) City F.D. No. 1 mi	Widdleton West of town		(a) State Idaho	(b) County Canyon
(d) Na	me of Hospital or	Maternity Home:				
(e) Mo	others stay BEFOR	E delivery:) <u>************************************</u>		(e) How long has MOTHE	R lived in Idaho?yrs.
		L years mo	nths days	3.		
	HLD Magg16				5. Date of Birth (Month, day	of Child year) May 27, 1880
6 Sex	Female '	Triplet No	1st, 2nd, 3rd		of Pregnancy 9	9. Legitimate? Yes
10. FULL				16.	FULL MAIDEN Laura El:	izabeth Tipton
11 Color		12. Age at t	ime birth\$7yrs.	17.	Color or Race white	18. Age at time of THIS birth 17 yrs.
			-	19.	Birthplace Stockton	, Missouri
7.4 Time of	(City or town)	(State or	oreign country)		(City or town)	(State or foreign country)
Occup	ation Farmer		P-0407			lfe
				21.	Business	
22. Name	prophylactic used	to prevent Ophi	halmia Neonatoru	ım		·
23. Numb	er of children of t	his mother: (a)				orn alive and now living $oldsymbol{1}$ $oldsymbol{1}$
			birth of this child,	, who v	vas(Born alive, stillborn)	
					(First name	(Last name)
OF 444	-	(Mother, etc.)				
25 ATTOR			34 D	A 44-00	~	Dete
	dant's signature		M.D. Midwife	Addres	S	Date
OWN	dant's signature		Midwife	Addres	8 AFFIDA	
State of	dant's signature		Midwife	(To be	AFFIDA completed when the attend	VIT ant does not sign in Item 25.)
State of	dant's signature	; first duly sworn,	Midwife	(To be	completed when the attend	vir
State of County of I, the	dant's signature	10w81	Midwife ss. say that I am the years of age, that	(To be mo	completed when the attend ther of the (Mother, etc.) e known this person for	vit ant does not sign in Item 25.) e person whose name appears 64years, and that
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	United Sta Departmen Bureau of 1. PLACE (a) Co (c) Str (d) Na (e) Mo In 4. FULL 1 OF CH 6 Sex 10. FULL NAME 11. Color or Ra 13. Birthp 14. Exact Occup 15. Industrial Busine 22. Name 23. Numb	United States Department of Commerce Bureau of the Census 1. PLACE OF BIRTH (All it (a) County Garyon (c) Street Address or R.I (d) Name of Hospital or (e) Mothers stay BEFOR In THIS county 1. 4. FULL NAME OF CHILD Maggie 7. 6 Sex Female FATHER 10. FULL NAME SAUSSE 11. Color or Race White 13. Birthplace Des Moin (City or town) 14. Exact Occupation Farmer 15. Industry or Business Farmer 22. Name prophylactic used Number of children of the	United States (Be sure the Department of Commerce Bureau of the Census 1. PLACE OF BIRTH (All items at time of th (a) County. Garyon (b) City. (c) Street Address or R.F.D. No. 1 mi. (d) Name of Hospital or Maternity Home: (e) Mothers stay BEFORE delivery:	United States Department of Commerce Bureau of the Census 1. PLACE OF BIRTH (All items at time of this birth) (a) County Ganyon (b) City Middleton (c) Street Address or R.F.D. No. 1 mi. West of town (d) Name of Hospital or Maternity Home: (e) Mothers stay BEFORE delivery: In THIS county 11 years months days 4. FULL NAME OF CHILD Maggie May Baker 6 Sex Female Triplet No 1st, 2nd, 3rd FATHER OF CHILD 10. FULL NAME James Russell Baker 11. Color 12. Age at time of THIS birth 57 yrs. 13. Birthplace Des Moines, Iowa (City or town) (State or foreign country) 14. Exact Occupation Farmer 15. Industry or Business Farmer 22. Name prophylactic used to prevent Ophthalmia Neonatoru Number of children of this mother: (a) At time of birth and at the place stated above, and that personal particular who is related as	United States Department of Commerce Bureau of the Census 1. PLACE OF BIRTH (All items at time of this birth) (a) County Garyon (b) City Middleton (c) Street Address or R.F.D. No. 1 mi. West of town (d) Name of Hospital or Maternity Home: (e) Mothers stay BEFORE delivery: In THIS county 11 years months days 3. 4. FULL NAME OF CHILD Haggie May Baker 7. Twin or If so—born 6 Sex Female 7. Triplet No 1st, 2nd, 3rd FATHER OF CHILD 10. FULL James Russell Baker 11. Color 12. Age at time of THIS birth 57 yrs. 13. Birthplace Des Moines Iowa 19. (City or town) (State or foreign country) 14. Exact Occupation Farmer 15. Industry or Business Farmer 22. Name prophylactic used to prevent Ophthalmia Neonatorum 23. Number of children of this mother: (a) At time of birth and incl ATTENDANT'S CERTIFY That I attended the birth of this child, who wand at the place stated above, and that personal particulars were who is related as	United States Department of Commerce Bureau of the Census CERTIFICATE OF BIRTH STATE OF BIRTH STATE OF BIRTH STATE OF BIRTH STATE OF BIRTH (a) County Garyon (b) City Middleton (a) State Idaho (c) Street Address or R.F.D. No. Ini. West of town (d) Name of Hospital or Maternity Home: (e) Mothers stay BEFORE delivery: In THIS county 11 years months days 3. RESIDENCE OF FATHER (C) How long has MOTHER OF CHILD (Month, day of Pregnancy 9) FATHER OF CHILD (Month, day of Pregnancy 9) FATHER OF CHILD (City or town) (State or foreign country) 14. Exact Occupation Farmer (City or town) 15. Industry or Business Farmer 16. FULL MAIDEN (City or town) (State or foreign country) 16. Father Of CHILD (City or town) (State or foreign country) 17. Color or Race White (City or town) (State or foreign country) 18. No. months of Pregnancy 9 19. Birthplace Stockton (City or town) (City or town) 20. Exact Occupation Housew 21. Industry or Business 19. Birthplace Stockton (City or town) 20. Exact Occupation Housew 21. Industry or Business 22. Name prophylactic used to prevent Ophthalmia Neonatorum 23. Number of children of this mother: (a) At time of birth and including this child. 1. (b) B ATTENDANT'S CERTIFICATE ATTENDANT'S CERTIFICATE (First name (First name of Furnished by (First name of Furnishe

(1937 Session Laws, Chapter 139, Section 4)

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STATE (STATE)		Since E	71t	
TERROLL INVALLE IN THE STATE OF	_ 21	Ē.,	Subscribed and sworn to before me this day	
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)	NO I	- (-)	(SEAL)	oc 17-914 Idaho Code Appointed has been seen as a second seed seen as a second seed as a second seen as a second seed as a second second seed as a second secon
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Be Received for filing on Begistrar	5 5 5	Re	served for filing on the served for filing or	by Registrar

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any hirth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

MAR 2 9 1945

	6	66 107008-141	403486
a L	IIn	nited States (Be sure the information is as	of date of birth of THIS child.) State File No. 403486.
COMPLETED certificate in filing. No charge for fil-			TE OE RIDTH - [cool Pow No
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8 8		(a) Street Address on D.E.D. No.	(a) State 200 (b) County D0250
O G		(c) Street Address or R.F.D. No	(c) City
H &		(d) Name of Hospital or Maternity Home:	(d) Street Address or R.F.D. No
1		(a) Nothern store PERADE Jalianese	(e) How long has MOTHER lived in Idaho?
g g		(e) Mothers stay BEFORE delivery: In THIS county years months days	3. RESIDENCE OF FATHER (city, state)
Ö#	4.	PILL NAME	
1		of CHILD William Guy Woodward.	
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ु सु ह		FATHER OF CHILD	MOTHER OF CHILD
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ĦĦ.		who is related as	•
B io H	25.	(Mother, etc.) Attendant's M.D.	Address Date
Bo P	<i>2</i> 0.	. Attendant's M.D. OWN signature Midwife	
4 6 6	~		AFFIDAVIT
ğ # 8	Sta	ate of Washington, ss.	
ž Š s	Co	Unity Oliver and Market and Marke	(To be completed when the attendant does not sign in Item 25.) e Sister of the person whose name appears
지정취			
	in	Item 4. above, that I am now 75 years of age, tha	t I have known this person for since his birth, and that
nk or BLACK FIRST-CLASS ed copy requi		Harriett Adams (grandmother)	who attended this birth now deceased . I further
ı F		(First name) (Last name)	(Is now deceased) or (Cannot be located)
			est of my knowledge, and that I desire to have this birth record-
<u> </u>	ed	under Chapter 139, 1937 Session Laws.	Felia Com Halton on Signature
M BE			SIXII atule
		````	Mornton, Washington, P. O. Address
BLACK INK bearing FIR th certified		Subscribed and sworn to before me this 31st day	y of <u>March</u> , 19 45,
⊳ 9 H		(SEAL)	Notary Public, residing at Rosalia Wash
C. U			
a da		(Note: Perjury is punishable as a felony in Idaho; see Se	ec. 17-914, Idaho Code Annotated.)
Use only Bl envelope be ing. Each		(Note: Perjury is punishable as a felony in Idaho; see Seceived for filing on APR - 9 1945	by Registrar

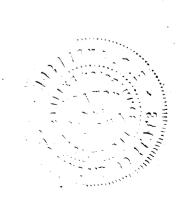
(1937 Session Laws, Chapter 139, Section 4)

437-227.0LS	5-437		40603
United States		on is as of date of birth of THIS child.)	State File No
Department of Commerce	CERTI	FICATE OF BIRTH	Local Reg. No
Bureau of the Census	S	TATE OF IDAHO	Reg. Dist. No
1. PLACE OF BIRTH (All items of	at time of this birth)	2. USUAL RESIDENCE OF	MOTHER (At time of this birth)
(a) County	(b) City TML AND	W. (a) State Jaan	O (b) County Jacks
(c) Street Address or R.F.D.	No.	(c) City 711	
(d) Name of Hospital or Mate	rnity Home:		
	***************************************	(d) Street Address or R.I	2
(e) Mothers stay <b>BEFORE</b> del	ivery:	1	HER lived in Idaho?
	years months	days 3. RESIDENCE OF FATHER	(city, state) 60 Meuro
4. FULL NAME	Weller me Ches		of Birth of Child
OF CHILD	Twin or If so-		ith, day, year)
		nd, 3rd 2nd of Pregnancy	9. Legitimate?
	R OF CHILD		OTHER OF CHILD
10. FULL		16. FULL MAIDEN	9- (1)
NAME POUR /	i messan	NAME COM	ma f mc max
11. Color	12. Age at time	17. Color	16. Age at time
or Race	of THIS birth	yrs. or Race.	of THIS birth.
13. Birthplace (City or	town) (State or foreign country	19. Birthplace	ty or town) (State or foreign country
14. Exact	(State of foreign country	20. Exact	ty or town) (State or foreign countr
Occupation		A	
15. Industry or	•	21. Industry or	-10.1
Business	mes	Business Volume	nues
22. Name prophylactic used to	prevent Ophthalmia Neonatorum.		
	· ·	ncluding this child (b) I	Born alive and now living
20. Tramber of children of this.			The same and a same as a same
OA I LIDDEDY CODMINY ME I		DANT'S CERTIFICATE	M. on the
24. I HEREDI CERTIFI INCTI	attended the birth of this child, v	(Born alive, stillborn)	
and at the place stated abo	ove, and that personal particulars	were furnished by Omma	- Ma Therson
'ha	11		t name) (Last name)
who is related as	(Mother, etc.)	_ vanu o	Man
25. Attendant's	. , , , , , , , , , , , , , , , , , , ,	D. Address 634 W d	Hevelous Date May 2
OWN signature Con	ue Ostram M	Idwife	7
State of Wach	nglan	AFFID	AVIT
County of	SS.	(To be completed when the atter	
	and duly assessed and the state of the	V 1475	<del>-</del>
i, the undersegned, being it	rst duly sworn, say that I am the	(Mother, etc.)	the person whose name appears in Ite
above, that I am now	years of ag	e, that I have known this person for	<b>6.2</b>
LADWABAM	Lossis	, who attended this birth.	now deceased I for
(First time)	(Last name)	(Is nor	v deceased) or <del>(Cannot be lecated</del> )
	icate above are true to the best o	of my knowledge, and that I desire to h	nave this birth recorded under Chapter
1937 Session Laws.		* Connie Co. 1	Man Sign
		(311 010 10-1	.0 1
		634 XV. XVle	vilana P.O. Ad
Subscribed and sworn to b	efore weeks > %	day of man	1945
	5R 0	11 F-	
(SEAL)	la una e falamente Idalia en C	Notary Pu	blic residing at
(Note: Perjury is punished)	le as a felony in Idaho; see Sec	. 17-314, Idano Code Annoidies.)	0 1
Received for filing on	յսո 8 1945	by Walki Fi	Lan, Regi
a necessed for filing on		ру	, Rec

STELL ET HULL

### DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)



	385-219.004.417	406080
ם박	United States (Be sure the information is as	of date of birth of THIS child.) State File No
94	Department of Commerce CERTIFICAT	TE OF BIRTH Local Reg. No
certificate large for	Bureau of the Census STATE (	OF IDAHO Reg. Dist. No.4
Ŧ e	1. PLACE OF BIETH (All items at time of this firth)	2. USUAL RESUDENCE OF MOTHER (At time of this wirth)
o certifi charge	(a) County VINGHAM (b) City Dlackfool	(a) State apho (b) County Dingham
	(c) Street Address or R.F.D. No.	(c) City Blackboot
No	(d) Name of Hospital or Maternity Home:	//
	######################################	(d) Street Address or R.F.D. No.
COMPLETED filing. No c	(e) Mothers stay BEFORE delivery:	(e) How long has MOTHER lived in Idaho? 45 yrs.
COMP.	In THIS county years months days	3. RESIDENCE OF FATHER (city, state)
용력	4. FULL NAME FLORENCE Mande Cherry	5. Date of Birth of Child May 19 1880
급능급	7. Twin or If so—born	8. No. months
ž T	6 Sex Jemale Triplet 1st, 2nd, 3rd	
, a k	FATHER OF CHILD	MOTHER OF CHILD
re r	10. FULL	16. FULL MAIDEN unda Dagers
5 . E	41 - 44 - 44 - 44 - 44 - 44 - 44 - 44 -	NAME & WOULDE DAY SO S
世典で	11. Color or Race White 12. Age at time 2 3 yrs.	17. Color of the 18. Age at time 2 / yrs.
S M S	ANA ANA	Packacted North
경영합	13. Birthplace	19. Birthplace OCHESTER New York
육指	(City or town) (State or foreign country)	
leting Statis cents,	14. Exact Occupation Cattle Man	20. Exact Occupation House wife
品ない	15. Industry or	21. Industry or
선명하	Business Callle Men	Business Name wet
	22. Name prophylactic used to prevent Ophthalmia Neonator	um
244	23. Number of children of this mother: (a) At time of birth	and including this child
400	ATTENDANT"	S CERTIFICATE 0 17
9 9 0	24. I HEREBY CERTIFY That I attended the birth of this child	l, who was Been Ative at S. H. M. on the date
a a e	and at the place stated chave and that personal particular	(Born alive, stillborn)  ars were furnished by Je44-A B PATTERSON  (First name)
er rib e Bur paym	and at the place stated above, and that personal particular	(First name) (Last name)
ŧŧ.	who is related as All Sat	
<b>S</b> 25 €	(Mother, etc.)	A 3 3
123	25. Attendant's OWN signature Xella Blatting Midwife	Address Date 1945
# 8 g	The significant of the significa	Los Argeles Calappidavit
251	State of	
ğ g g	County of	(To be completed when the attendant does not sign in Item 25.)
7 2 4 1 2 4	i, the undersigned, being first duly sworn, say that I am th	eof-the person whose name appears (Mother, etc.)
	in Item 4, above, that I am nowyears of age, tha	t I have known this person foryears, and that
교다는		, who attended this birth
7 H &	(First name) (Last name)	(Is now deceased) or (Cannot be located)
		est of my knowledge, and that I desire to have this birth record-
343	ed under Chapter 139, 1937 Session Laws.	Cl
#E#		Signature
BLACK bearin h certi		P. O. Address
äğä	Subscribed and sworn to before me thisda	y of, 19
76.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25 26.25	(SEAL)	, Notary Public, residing at
	(Note: Perjury is punishable as a felony in Idaho; see S	
Day Day	Received for filing on HIN 14 1945	by Mary Folder Registrar
	- AAU * 1.	

(1937 Session Laws, Chapter 139, Section 4)

	318-206036 785		Anmaca
电单		of date of birth of THIS child.)	State File No. 407269
•		TE OF BIRTH	Local Reg. No
Charge for 1	Bureau of the Census STATE C	OF IDAHO	Reg. Dist. No
# 6	1. PLACE OF BIRTH (All items at time of this birth)	2. USUAL RESIDENCE OF MC	
9 H	(a) County One ida (b) City Clifton		(b) County Oneida
ë a	(c) Street Address or R.F.D. No(d) Name of Hospital or Maternity Home:	(c) City Clifton	
Z S	Own Hame	(d) Street Address or R.F.l	
I.	(e) Mothers stay BEFORE delivery:	(e) How long has MOTHE	B lived in Idaho? 2 2 yrs.
COMPLETED filing. No c	In THIS county 3 years 6 months 2/days	3. RESIDENCE OF FATHER (	city, state) Clitton Idaho
	of CHILD Almeda Cathrine Taylo	5. Date of Birth (Month, day	y year) June 6,1880
Madil coin.	6 Sex Female 7. Twin or If so—born 1st, 2nd, 3rd	8. No. months	9. Legitimate? Yes
å ğ ö	FATHER OF CHILD	MOTHER	OF CHILD
g g	10. FULL John Taylor	16. FULL MAIDEN Candac	e Almeda Phelps
ertifi loise, y ord	11. Color or Race White 12. Age at time of THIS birth 29 yrs.	17. Color White	18. Age at time of THIS birth / yrs.
S, E	13. Birthplace Kent England		a horth Carolina
当芸具	(City or town) (State or foreign country)	(City or town)	(State or foreign country)
gg ş	Occupation Faymey	Occupation Hou	se Wite
plet a St	15. Industry or Business Farming	21. Industry or Business	se Keeping
# 4 5 E	22. Name prophylactic used to prevent Ophthalmia Neonator	um	***************************************
377 577	23. Number of children of this mother: (a) At time of birth		Sorn alive and now living
a a t	24. I HEREBY CERTIFY That I attended the birth of this child	S CERTIFICATE  Who was Born Alive	at b P M on the date
ribbon Surect	and at the place stated above, and that personal particular	(Born alive, stillborn)	a Almada Taylox
HAN		ars were furnished by	e) (Last name)
## s	who is related as Mother	•	Met m
	(Mother, etc.) 25. Attendant's M.D.	Address	Date
d to	OWN signature Midwife		
P P H	State of Idaho ss.	AFFIDA	VIT DO
2000	County of Bannock	(To be completed when the attendary	lant does not sign in Item 25.)
SA	I, the undersigned, being first duly sworn, say that I am the	(Mother etc.)	
BLACK -CLASS Y requi	in Item 4, above, that I am now years of age, tha	t I have known this person for	65 years, and that
		, who attended this birth 1.3 M.	W deceased I further
ST	(Last name) state that the facts on the certificate above are true to the b		ed) or (Cannot be located)
검토정	ed under Chapter 139, 1937 Session Laws.	est of my knowledge, and that I do	sale to have this birth record-
N PH		Candace amount	Signature Signature
BLACK bearing b certif		Bancroft, Idaho	
H Q d	Subscribed and sworn to before me thisda		1945
Egg E	(SEAL)	, Notary Public, re	siding at Bancrott, Idaho
0 Z	(Note: Perjury is punishable as a felony in Idaho; see S	keto and LY V day	
S and B	Received for filing on JUL 6 1945	by lijary Folger	Registrar

(1937 Session Laws, Chapter 139, Section 4)



÷	7	155-226001-659		4072	75
급복		ited States (Be sure the information is as	of date		State File No.407275
₩#		partment of Commerce CERTIFICAT			Local Reg. No
D certificate charge for fi		reau of the Census STATE O			Reg. Dist. No
ě.	1.	PLACE OF BIRTH (All items at time of this birth)	2.	USUAL RESIDENCE OF MO	THER (At time of this birth)
ig is		(a) County Ada (b) City Boise			(b) County Ada
2 8		(c) Street Address or R.F.D. No. State Street		(c) City Bolse	(b) County
H C		(d) Name of Hospital or Maternity Home:			t av Ohoho Ohoooh
HZ		Born at Hôme		(d) Street Address or R.F.I	). No. <u>State Street</u> 1879 "to
Ξ.		(e) Mothers stay BEFORE delivery:		(e) How long has <b>MOTHE</b>	R lived in Idaho? 1928 yrs.
Z 5		In THIS county 1 years 1 months days	3.	RESIDENCE OF FATHER (	city, state) Idaho 1928
COMPLETED filing. No c	4.	FULL NAME Pound From Door		5 LIGTO OT KIPTN	AT Child
		of CHILD Pearl Eva Peed		(Month, day	year) Aug. 26, 1880
Mail of tor	6	7. Twin or If so—born Sex Female Triplet 1st, 2nd, 3rd		8. No. months	9. Legitimate? Yes:
_ g :	<u> </u>	Sex Female Triplet 1st, 2nd, 3rd FATHER OF CHILD	· · · · ·	MOTHER (	
a d c	10.	FULL	16.	FILL MAIDEN	
D T S		NAME Oscar Valorous Peed		name Laura Al:	
certifi Bolse, ey ord	11.		17.	Color or Race White	18. Age at time of THIS birth 26 yrs.
9 8 8	•	<u> </u>			
8 E	13.	Birthplace Illinois	19.	Birthplace Illino:	<u>is</u>
eting this Statistics, cents, mon	- 4	(City or town) (State or foreign country)		(City or town)	(State or foreign country)
S, Egg	14.	Exact Occupation Deceased	20.	Exact Decease	sed
Star	15.	Industry or	21.	Industry or	
2 2 5	_	Business		Business	
completing Vital Statis iffy cents,	22.	Name prophylactic used to prevent Ophthalmia Neonatoru	ım		
0 P W	23.	and the contract of the contra			
222		ATTENDANT'S			
ribbon Bureau syment	24.	I HEREBY CERTIFY That I attended the birth of this child			atM. on the date
49 11 11				(Born alive, stillborn)	
5	1	and at the place stated above, and that personal particula	rs were	furnished by(First name	
	1	who is related as		(First name	e) (Last name)
powrfi to Star vance		(Mother, etc.)			
\$ 0 B	25.	Attendant's M.D.	Address	S	Date
		OWN signature Midwife			
Record ty postage es an ad		ite of Idaho		AFFIDA	
9 25 0	Cot	unty of Ada	(To be	completed when the attend	ant does not sign in Item 25.)
E C S		I, the undersigned, being first duly sworn, say that I am the	Eri	end since of 6Fth	e person whose name appears
BLACK 1	·	Item 4, above, that I am now74years of age, that	There	(Mother, etc.)	64
315					
	لاا	Irs. Records, Midwife (Last name)	, who a	ttended this birth.LSILQ	W. Clock State of Cannot be located)
nk or FIRS	sta	te that the facts on the certificate above are true to the be	est of m	v knowledge, and that I de	sire to have this birth record-
검단성		image Chapter 120, 1027 Session Laws	$\sim$		
7 2 <del>3</del>			MA	a alice S. 7	leure. Signature
ACK 1		0.1	121	9 Warren Ave.	P. O. Address
380		Subscribed and sworn to before me this day	of	July	19.4.5
A C 급	: -	(SEAL) Martin Chesn	/_	, Notary Public, res	iding at Borse
걸음의	1/	Note: Perjury is punishable as a felony in Idaho; see Se	c. 17-91	4. Idaho Code Annotated.)	nums at
9 A H		1111 4 6 10/15		111 1 1 1/ 1	
e ga	Re	derved for filing on JUL 10 1943	. by	THOUSE FY LOW	, Registrar
		The state of the s		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-

7117 3 May 20

100

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)



469 702 036-155 408383 (Be sure the information is as of date of birth of THIS child.) United States State File No... Department of Commerce Local Reg. No. Bureau of the Census STATE OF IDAHO Reg. Dist. No..... 1. PLACE OF BIRTH (All items at time of this birth) USUAL RESIDENCE OF MOTHER (At time of this birth) (a) County Uneida (a) State I dale (b) County Onelda (b) City Jamana (c) Street Address or R.F.D. No..... (c) City Samare (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho?.....vrs. (e) Mothers stay BEFORE delivery: In THIS county months days 3. RESIDENCE OF FATHER (city, state) years 5. Date of Birth of Child (Month, day, year) /2 4. FULL NAME us Morse OF CHILD Twin or ( If so-born 8. No. months 6 Sex Max 1st, 2nd, 3rd Triplet of Pregnancy 9. Legitimate? PATHER OF CHILD MOTHER OF CHILD (Deceased) 10. FULL 16. FULL MAIDEN > Color 12. Age at time 17. Color Wge at time of THIS birth.... or Race U or Race... of THIS birth.....vrs. Wales Birthplace. Dama 19. Birthplace (City or town) (State or foreign country) (City or town) (State or foreign country) Exact 20. Exact Farmer Occupation... Occupation.... Industry or 21. Industry or Business **Business** Name prophylactic used to prevent Ophthalmia Neonatorum. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 3 ATTENDANT'S CERTIFICATE (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by (First name) who is related as..... (Mother, etc.) 25. Attendant's M.D. Address Date **OWN** signature Midwife State of..... **AFFIDAVIT** County of..... (To be completed when the attendant does not sign in Item 25.) I, the undersigned, being first duly sworn, say that I am the ________of the person whose name appears (Mother, etc.) in Item 4 above, that I am now years of age, that I have known this person for years, and that (First name) (Is now deceased) or (Cannot be located) state that the facts on the certificate above are true to the best of my knowledge, and that Lydesire to have this birth recorded under Chapter 139, 1937 Session Laws. X MVSL Signature Subscribed and sworn to before me this ______day of _____ (SEAL) Notary Public, residing at Land (Note: Perjury is punishable as a felopy in Idaly; see Sec. 17-914, Idaho Cede Armstated) Received for filing on.....

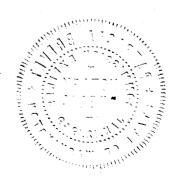
(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

d to spin

	ŀ	,89-227035-796		*
a 그			of date of birth of THIS child.) State Fil	e No <b>409573</b>
7 4	De			g. No
ž ž				t. No
ij,	1.	PLACE OF BIRTH (All items at time of this birth)	2. USUAL RESIDENCE OF MOTHER (At	
r b		(a) County New Perce (b) City Jewiston	1 1 1 1	ity has Parce
2 4	x.'		(c) City Lewis	
HO		(d) Name of Hospital or Maternity Home:		
HZ		Nome	(d) Street Address or R.F.D. NoY	
Z .		Mothers stay BEFORE delivery:	(e) How long has MOTHER lived in	Idaho?yrs.
ğğ		In THIS county one years months days	3. RESIDENCE OF FATHER (city, state	Tourston class
COMPLETED certificate in filling. No charge for fil-	4.	FULL NAME () income Pond () Afficiate	5 Date of Birth of Child	
검상님		of CHILD OWNER TO UNKLE	(Month, day, year)	I ron 41 Take
ž, g	6	Sex Jemale Triplet 1st, 2nd, 3rd	of Pregnancy 9. Legit	imate?
leting this certificate. Mail Statistics, Boise, Idabo, for cents, money order or coin.	<u> </u>	FATHER OF CHILD	MOTHER OF CHILD	
to a	10.	FULL O 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	16. FULL MAIDEN	
# T		NAME GEORGE Harry Unile	NAME (NOUNCE	gypon
世級で	11.	or Race 12. Age at time 33 yrs.	17. Color 18. Age of T	HIS birth 24 yrs.
S A S	٠		O(0)	ew Work
원 왕 <u>현</u>	13.			
せずに	14.	(City or town) (State or foreign country)	(City or town) J (Sta	te or foreign country)
D T S		Occupation Kinerman	Occupation House	rje
State	15.	Industry or	21. Industry or	0
8 8 5	_	Business log guna	Business	
comple Vital	22.	The state of the s		
422	23.	Number of children of this mother: (a) At time of birth a	and including this child? (b) Born alive	and now living.
			CERTIFICATE	
er ribbon e Bureau payment	24.	I HEREBY CERTIFY That I attended the birth of this child	, who wasatat	M. on the date
436	ı	and at the place stated above, and that personal particula	(Born alive, stillborn)	
		and at the place stated above, and that personal particular	(First name)	(Last name)
ŧŧ,		who is related as		
P SO H	25.	(Mother, etc.) Attendant's M.D.	Address	Date
Record typewriter ribbon postage to State Bureau es an advance payment	<i>2</i> 0.	OWN signature Midwife	Address	Date
4 6 G		ate of Westing lane	AFFIDAVIT	
5 t 6		unty of Sacrana ss.	(To be completed when the attendant does	not sign in Itam OE \
8 G 8	CU	I, the undersigned, being first duly sworn, say that I am the		
NS 4			(Mother, etc.)	
nk or BLACK FIRST-CLASS ed copy requir	in	Item 4, above, that I am now		
취급 2		Dr. M. a. Kelly	, who attended this birth. Isonau de	I further
or 1 RST Cop	-4-	(Rist name) (Last name) the that the facts on the certificate above are true to the be	(Conn	of he locofied)
AE O		under Chapter 139, 1937 Session Laws.	est of my knowledge, and that I desire to ha	ve this birth record-
	cu	dinder Onapter 100, 100; Dession naws.	Surve 19. Dem	Signature
ACK Dearling	-		Opportunity Washington	P. O. Address
BLACK Ink bearing FII h certified		123 11 12 1 2 3 5		19 445.
· . T		Subscribed and sworn to before me thisday		
E P E		(SEAL) Patticea Bren	, Notary Public, residing at	3 HOTO SE
	_	(Note: Perjury is ponishable as a felony in Idaho; see Se		Washington
	Re	ceived for filing on AUG 3 1 1945	by Maly Ty	, Řegistrar
h • 4			1 1 product	

(1937 Session Laws, Chapter 139, Section 4)



	239 220 035 914	م ل	95 90
면구		of date of birth of THIS child.)	State File No. 409590
34		TE OF BIRTH	Local Reg. No
iD certificate charge for f		OF IDAHO	Reg. Dist. No
¥ e	1. PLACE OF BIRTH (All items at time of this birth)	2. USUAL RESIDENCE OF M	OTHER (At time of this birth)
F H	(a) County has feel (b) City Leaves for		(b) County Men Procl
Žã	(c) Street Address or R.F.D. No. 16. 34. E. man. St	(c) City Leggar	
<u> </u>	(d) Name of Hospital or Maternity Home:	(d) Street Address or P.F.	D. No. 1634 F Mcana 9
Ä,	tom at 163 4 E man St.	(e) How long has MOTH	~
<u> </u>	(e) Mothers stay BEFORE delivery:		
COMPLETED filing. No c	In THIS county 20 years 4 months — days  4. FULL NAME (2)	3. RESIDENCE OF FATHER  5. Date of Birt	
	OF CHILD USLANUCL MANA NUMB	(Month, da	h of Child July 20 1880
Me de de	7. Twin or If so—both	8. No. months 🚗	<i>v d</i>
F 2 ×	6 Sex femcele Triplet 1st, 2nd, 3rd FATHER OF CHILD	of Pregnancy 9	9. Legitimate?
ate.	10 1111	16. FULL MAIDEN	OF CHILD
9, E	NAME Treclearch Educad Hing	16. FULL MAIDEN NAME MAME	
世級で	11. Color or Race of THIS birth yrs.	17. Color or Race Ishila	18. Age at time of THIS birth 2/ yrs.
8 8 8	77 1 1 2 20 1	2 // . /	
왕 <u>중</u> 당	13. Birthplace (City or town) (State or foreign country)	19. Birthplace (City or town)	(State or foreign country)
eting thi Statistics ents, mo	14 Exact	20 Evect	• • • • • • • • • • • • • • • • • • • •
祖女祖	Occupation anny Sargest	Occupation June	was :
_ 0	Business ()	21. Industry or Business	Ø
t t	22. Name prophylactic used to prevent Ophthalmia Neonators	20 mit	hnoun
ŏ>#	23. Number of children of this mother: (a) At time of birth		
400		CERTIFICATE	
	24. I HEREBY CERTIFY That I attended the birth of this child		atM. on the date
er ribb e Bure perme	and at the place stated above, and that personal particular	(Born alive, stillborn)	
9 9 0	and at the place stated above, and that personal particular	(First nar	
£ £ 8	who is related as		
P S B	(Mother, etc.) 25. Attendant's M.D.	Address	Date
E. 5	OWN signature Midwife		
E B E	State of Sacho	AFFID	AVIT
9 2 2	County of Ada, ss.	(To be completed when the atten	dant does not sign in Item 25.)
E C S	I, the undersigned, being first duly sworn, say that I am the	e queux of t	he person whose name appears
S S S	in Item 4, above, that I am now 68 years of age, tha	(Mother, etc.)	65 - years and that
124		who attended this birth	I further
E L	(First name) (Last name)	(Is now decea	sed) or (Cannot be located)
AE S	state that the facts on the certificate above are true to the be		
THE SE	ed under Chapter 139, 1937 Session Laws.	ni. Tusu Natta	bungh Signature
REF	<b>n</b> u	Born Solda Atta &	unelsofter P. O. Address
E S	Subscribed and sworn to before me this day	v of Sunt	19 H.
niy B) ope b Each	(SEAL)		esiding at Poure
A CA	(Note: Perjury is punishable as a felony in Idaho; see So	ec. 17-914, Idaho Code Annotated.	)
9 14			Danistan
E S q	Received for filing on 319	by Wald FERd	Registrar

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#### **DELAYED REGISTRATION LAW**

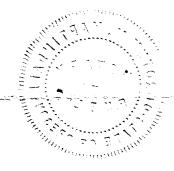
(1937 Session Laws, Chapter 139, Section 4)

845-272071855 United States (Be sure the information is as of date of birth of THIS child.) AUG 3 J 19 GERTIFICATE OF BIRTH Department of Commerce Local Reg. No..... Bureau of the Census STATE OF IDAHO Reg. Dist. No..... 1. PLACE OF BIRTH (All items at time of this birth) USUAL RESIDENCE OF MOTHER (At time of this birth) (a) County Franklin (b) City Oxford (a) State Idaho. (b) CountFranklin (c) Street Address or R.F.D. No..... (c) City... (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho?....yrs. (e) Mothers stay **BEFORE** delivery: In THIS county months 3. RESIDENCE OF FATHER (city, state) Same davs 5. Date of Birth of Child (Month, day, year) 4. FULL NAME OF CHILD. 7. Twin or If so-born 8. No. months F. M. Sex 1st, 2nd, 3rd 9. Legitimate? Triplet of Pregnancy FATHER OF CHILD MOTHER OF CHILD 16. FULL MAIDEN AND Elizabeth Henderson Hyram Hunt 12. Age at time 18. Age at time Color 17. Color White of THIS birth 6 7 vrs. or Race... or Race. of THIS birth. 19. Birthplace..... 13. Birthplace..... (City or town) (City or town) (State or foreign country) (State or foreign country) Exact 20. Exact Occupation Housewife Occupation..... Industry or Industry or Home Business Business ATTENDANT'S CERTIFICATE 24. I HEREBY CERTIFY That I attended the birth of this child, who was with alue at ______M. on the date (Born alive, stillborn) who is related as suc (Mother, etc.) Address Rigby, 25. Attendant's Midwife **OWN** signature State of. **AFFIDAVIT** (To be completed when the attendant does not sign in Item 25.) of the person whose name appears (Mother, etc.) in Item 4, above, that I am now ____/_/_____years of age, that I have known this person for ______ beginning years. and that ....., who attended this birth. .....I further (Last name) (Is now deceased) or (Cannot be located) (First name) state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. Subscribed and sworn to before me this... .......... Notary Public, residing a (Note: Perjury is punishable as a telony in Idaho; see Sec. 17-914, Idaho Code Annotated mm. La Registrar Received for filing on.....

SEP 1 1945

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)



ĺ	698 109 to	18-242					49	
_	ted States		(Be sure the	information is as c	f date of birth of THIS chi	ld.) S	tate File No	
Dep	partment of Comme	rce		CERTIFICATE	OF BIRTH	<b>L</b>	ocal Reg. No	
Bure	eau of the Census			STATE OF			eg. Dist. No	
(	PLACE OF BIRTH ( (a) County KOO (c) Street Address	tenai	(b) City Benn		2. USUAL RESIDENCE (a) State Idaho (c) City Bonne	(k	O County Koote	
	(d) Name of Hospit						=	
	•				(d) Street Address of			
(	(e) Mothers stay B				(e) How long has N	MOTHER lived	in Idaho? 15	
	In <b>THIS</b> county	years	months	days	3. RESIDENCE OF FAT			
	of Child Cl	arence Mi	llard Fr	y			Child May 9,	1880
6. 5	Sex Male	7. Twin or Triplet		If so—born 1st, 2nd, 3rd	8. No. moni		9. Legitimate?	ves
0. 1	bexc-	FATHER OF C	מוואר	181, 2110, 510	OI FIEGIN	MOTHER OF		<del>,                                    </del>
10.	FULL DATE				16. FULL MAIDEN -			
	NAME Richa				16. FULL MAIDEN JU	stina 5	nscicken	
11.	Color Tnd	1an 12.	. Age at time of THIS birth	43	17. Color or Race India	n l	8. Age at time	29
			Illin		or Hace	haant	of THIS birth Washing	*************
13.	Birthplace	(City or town)		eign country)	19. Birthplace Nort	(City or town)	(State or foreig	
14.	Exact •	erry oper		eign country)	20. Exact			in country,
	Occupation	erry ober	. W OOT		Occupation	usewife		•••••
	Industry or		- +4 05	ļ	21. Industry or			
15.		ransporta	3 PT OH	1	D!			
22.	Business U	ransports ic used to prevent en of this mother:	t Ophthalmia Nea	rth and including	Business this child 7th	(b) Born alive	and now living	6
22. 23.	Number of children	ic used to prevent en of this mother:	t Ophthalmia Neo (a) At time of bir	rth and including ATTENDANT'S	this child 7th	(b) Born alive	and now living	6
22. 23.	Name prophylacti Number of childre I HEREBY CERTIF	ic used to prevent en of this mother: FY That I attended	t Ophthalmia Neo (a) At time of bird the birth of this	ATTENDANT'S schild, who was	this child 7th CERTIFICATE (Born slive, stillbor	(b) Born aliveat.	and now living	6
22. 23.	Name prophylacti Number of childre I HEREBY CERTIF	ic used to prevent en of this mother: FY That I attended stated above, and	t Ophthalmia Neo (a) At time of bir d the birth of this d that personal po	ATTENDANT'S schild, who was	this child 7th CERTIFICATE (Born slive, stillbor	(b) Born aliveat.	and now living	on the c
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22. 23. 24.	Name prophylacti Number of childre I HEREBY CERTIF	ic used to prevent en of this mother: FY That I attended stated above, and	t Ophthalmia Neo (a) At time of bir d the birth of this d that personal po	ATTENDANT'S schild, who was	this child 7th CERTIFICATE (Born slive, stillbor	(b) Born aliveat.	and now living	on the c
22. 23. 24.	Name prophylacti Number of childre I HEREBY CERTII and at the place who is related as Attendant's OWN signature	ic used to prevent en of this mother: FY That I attended stated above, and (Mothe	t Ophthalmia Neo (a) At time of bir d the birth of this d that personal po	ATTENDANT'S s child, who was rrticulars were fur M.D.	this child 7th CERTIFICATE  (Born alive, stillbornished by	(b) Born aliveat. n) (First name)	and now livingM. (Last na	on the c
22. 23. 24.	Name prophylacti Number of childre  I HEREBY CERTIF and at the place who is related as Attendant's OWN signature	ic used to prevent en of this mother: FY That I attended stated above, and (Mothe	t Ophthalmia Neo (a) At time of bir d the birth of this d that personal po	ATTENDANT'S s child, who was riticulars were fur M.D. Midwife	this child 7th CERTIFICATE  (Born alive, stillbornished by	(b) Born aliveat. n) (First name)	and now livingM.  (Last na	on the come)
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22. 23. 24. 25. Start	Name prophylacti Number of childre  I HEREBY CERTIF and at the place who is related as Attendant's OWN signature te of Idah anty of Koot I, the undersigned ove, that I am nove the	ic used to prevent en of this mother:  FY That I attended stated above, and (Mother)  (Mother)  d, being first duly 77  person	t Ophthalmia Neo (a) At time of bir d the birth of this d that personal power, etc.)  ss. y sworn, say that	ATTENDANT'S s child, who was articulars were fur M.D. Midwife  (To	this child 7th  CERTIFICATE  (Born alive, stillbornished by	(b) Born alive	not sign in Item 25. whose name appear y-five decessed or (Cannot be located)	on the come)  rs in Iter rrs, and I fur
22. 23. 24. 25. Start Cou	Name prophylacti Number of childre  I HEREBY CERTIF and at the place who is related as Attendant's OWN signature te of	ic used to prevent en of this mother:  FY That I attended stated above, and (Mother)  (Mother)  d, being first duly 77  person	t Ophthalmia Neo (a) At time of bir d the birth of this d that personal power, etc.)  ss. y sworn, say that	ATTENDANT'S s child, who was articulars were fur M.D. Midwife  (To	this child	(b) Born alive	not sign in Item 25. whose name appear y-five deceased or (Cannot be located) irth recorded under	on the come)  rs in Iterars, and I fur Chapter
22. 23. 24. 25. Start Cou	Name prophylacti Number of childre  I HEREBY CERTIF and at the place who is related as Attendant's OWN signature te of Idah anty of Koot I, the undersigned ove, that I am nove the	ic used to prevent en of this mother:  FY That I attended stated above, and (Mother)  (Mother)  d, being first duly 77  person	t Ophthalmia Neo (a) At time of bir d the birth of this d that personal power, etc.)  ss. y sworn, say that	ATTENDANT'S s child, who was riticulars were fur M.D. Midwife  (To I am the ars of age, that I name) he best of my kno	Address  Address  (Mother, etc.) have known this person f who attended that I desire	(b) Born alive  at.  (First name)  FFIDAVIT  attendant does  of the person  or.  SIXT  is now  s now deceased)  to have this b	not sign in Item 25. whose name appear y-five deceased or (Cannot be located) irth recorded under	on the come)  rs in Iterars, and I fur
22. 23. 24.  25. State about 193	Name prophylacti Number of childre  I HEREBY CERTIF and at the place who is related as Attendant's OWN signature te of	ic used to prevent en of this mother:  FY That I attended stated above, and (Mother)  (Mother)  d, being first duly 77  person	t Ophthalmia Neo (a) At time of bir d the birth of this d that personal power, etc.)  ss. y sworn, say that	ATTENDANT'S s child, who was riticulars were fur M.D. Midwife  (To I am the ars of age, that I name) he best of my kno	Address  Address  (Mother, etc.) have known this person f who attended that I desire	(b) Born alive  at.  (First name)  FFIDAVIT  attendant does  of the person  or.  SIXT  is now  s now deceased)  to have this b	not sign in Item 25. whose name appear y-five deceased or (Cannot be located) irth recorded under	on the comme)  rs in Iterars, and I fur Chapter
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22. 23. 24.  25. State about 193	Name prophylacti Number of childre  I HEREBY CERTIF and at the place who is related as Attendant's OWN signature te of Ideh anty of Koot I, the undersigned ove, that I am nov the (First name) te that the facts on 7 Session Laws.	ic used to prevent en of this mother:  FY That I attended stated above, and (Mother)  (Mother)  Mother (Moth	t Ophthalmia Neo (a) At time of bir d the birth of this d that personal power, etc.)  ss. y sworn, say that yec (Last	ATTENDANT'S s child, who was articulars were fur M.D. Midwife  (To are the	this child 7th  CERTIFICATE  (Born alive, stillbornished by	(b) Born alive	not sign in Item 25. whose name appear y-five deceased or (Cannot be located) irth recorded under	on the come)  rs in Iterars, and I fur Chapter Chapter Chapter
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(1937 Session Laws, Chapter 139, Section 4)

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ם	Unite	ed States	(Be sure				of birth of THIS chi			
9 4	-	rtment of Commerc	e	CERT	IFICAT	TE OI	FBIRTH		Reg. No	
\$ 5 5		au of the Census			STATE C	F IDAI	HO		Dist. No	
COMPLETED certificate filing. No charge for f	1. P	PLACE OF BIRTH (A	ll items at time	of this birth)	)	2.	USUAL RESIDENCE	OF MOTHER		
9 5		a) County Cas				İ	(a) State Idaho	(b) C	County Cass	18.
A G		c) Street Address of					(c) City Almo			
22	•	d) Name of Hospita	ı or maternity H	ome:			(d) Street Address o	r R.F.D. No		
Ħ.	(	e) Mothers stay <b>BE</b>	FORE delivery:				(e) How long has M	OTHER lived	i in Idaho?	yrs.
M. Fig.	,	In THIS county	years	months	days	3.	RESIDENCE OF FAT	HER (city, st	ate) Almo,	Idaho
		ULL NAME OF CHILD	George Monte	comery An	drews		5. Date of	of Birth of Ch	May 23	1880
Medi coff.	•	F CHILD	7. Twin or		-born		8. No. months	_		
₹ . 8	6 Se	ex male	Triplet	1st,	2nd, 3rd		of Pregnancy		egitimate? 🍹	88
* § 8			HER OF CHILD		-			THER OF CHI	LD	
certificat Boise, Id ey order	10.	FULL NAME <b>Amos Mon</b>	tgomery And	rews		16.	FULL MAIDEN NAME Caro	line Mati	lda Brack	enbury
Se H		Color or Page White				17.	Color white	18. <i>A</i>	Age at time	97
Boi P	, (	or Race	of T	at time HIS birth2	yrs.		or Race		f THIS birth.	yrs.
	<b>13.</b> 3	Birthplace	Utai	3		19.	Birthplace		*******************	*
g this listics, s, mo	44	(City or	town) (Sta	te or foreign cou	ntry)	90	(City or t	town)	(State or foreign	country)
ta it it		Exact Occupation	farmer			20.	Occupation ho	usewife		
etin Star ent	<b>15.</b> 3	Industry or	_			21.	Industry or		_	
completing this Vital Statistics, iifty cents, mor		Business	farm			<u>!</u>	Business	0.407	home	
	22.	Name prophylactic	used to prevent	Ophthalmia	Neonatori	ım		***************************************		
4 % %	23.	Number of children	of this mother:				luding this child	(b) Born ali	ve and now I	iving. <b>5</b>
454					ENDANT'S			-4	36 -	. 41 1.4.
ribbon Bureau iyment	24.	I HEREBY CERTIFY	That I attended	the birth of	this child	, wno	Was(Born alive, stillborn	ata )		n the date
Burg	;	and at the place st	ated above, and	that persona	l particula	ars wer	e furnished by			
<b>000 0</b>	,	who is related as					( <b>P</b> )	irst name)	(Last	name)
writ Stat		WITO IS ICIAICA as	(Mother, etc.)							
200		Attendant's		*	M.D. Midwife	Addre	88		Date	
± 8 8		OWN signature	4)		Midwite					
Record postage		ty of Cush	<u>V</u>	} ss.		/maha		FFIDAVIT		Thomas Off \
8 70 8 8 70 8	Coun			) worn say tha	t I am the	(10 be	completed when the	of the person	on whose nan	1 Item 25.)
ESH SE			enig instituty sv	yoni, say ma	c I am an	·	(Mother, etc.)	for 45		
BLACK C-CLASS of requir	in Ite	em 4, above, that I	am now	years of	f age, tha	t I hav	(Mother, etc.) ve known this person	for	y_car	s, and that
HUE		Phebe Grab	. <b>28</b> 1			, who	attended this birth		Cannot be located	I further
RST COP	state	(First name) that the facts on t	the certificate ab	Last nove are true	ame) to the b	est of n	ny knowledge, and th	at I desire to	have this bi	th record-
독교		nder Chapter 139, 1				, 6	- 10 can	Disa.	Sans	
			1	146	/		July Inc	JUSIA.	4015	Signature
ACK Series		My commission	expires 6			**********	7 Juliu	1 - Fall		). Address
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only lope Eac		(SEAL)	WW	My XV	.4.4L	14	, Notary Pub	lic, residing	at /Sul	y day
269		(Note: Perjury is p			no; see Se	ec. 17-9	14, Idaho Code Atnet	ate.)		
Jse ng.	Rece	ived for filing on	DEC 3 1	945		by	Morn Ex	lan		Registrar
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### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

244-026-035-313 (Be sure the information is as of date of birth of THIS child.) United States CERTIFICATE OF BIRTH Local Reg. No ..... Department of Commerce STATE OF IDAHO Reg. Dist. No .... Bureau of the Census 1. PLACE OF BIRTH (All items at time of this birth) 2. USUAL RESIDENCE OF MOTHER (At time of this birth) charge (a) County NAZBETSE (b) City MAYETO. (a) State de (b) County NAZ BELP (c) Street Address or R.F.D. No. (c) City Zeww Of HATVan (d) Name of Hospital or Maternity Home (d) Street Address or R.F.D. No. NASPERSE, Co. Adahoe (e) How long has MOTHER lived in Idaho?_____yrs. (e) Mothers stay BEFORE delivery: or mor In THIS county 3 months days RESIDENCE OF FATHER (city, state) years 5. Date of Birth of Child /2-26-/886 (Month, day, year) 4. FULL NAME (M OF CHILD... Twin or If so-born 8. No. months 9. Legitimate? Ves 1st, 2nd, 3rd Triplet of Pregnancy THER OF CHILD MOTHER OF CHILD NAME VAY QINIA - THE BAOCIA - CHIAWAY Age at time 11. 17. Color 18. Age at time of THIS birth... or Race // usa HOLLAN Missi Birthplace. Birthplace... (State or foreign country) (City or town) / (State or foreign country) Exact Exact MININ Occupation of Occupation.... Industry or Industry or **Business** Business 22. Name prophylactic used to prevent Ophthalmia Neonatorum..... ATTENDANT'S CERTIFICATE at 10 - P.M. on the date 24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by..... (First name) Unclewho is related as..... (Mother, etc.) M.D. Address Date Attendant's Midwife **OWN** signature Thous AFFIDAVIT State of... June (To be completed when the attendant does not sign in Item 25.) County of..... .....of the person whose name appears (Mother, etc.) in Item 4, above, that I am now... vears of age, that I have known this person for. years, and that I further .... who attended this birth. (Is now deceased) or (Cannot be located) (First name) (Last name) state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. P. O. Address Subscribed and sworn to before me this. Notary Public, residing at (SEAL) (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code, Annotated.) Registrar Received for filing on ..

Ore Trans

505-201-00-35 United States (Be sure the information is as of date of birth of THIS child.) State File No. Local Reg. No..... Department of Commerce CERTIFICATE OF BIRTH Bureau of the Census STATE OF IDAHO Reg. Dist. No..... PLACE OF BIRTH (All items at time of this birth) USUAL RESIDENCE OF MOTHER (At time of this birth) (b) City B 01'S E (a) County ADA (a) State IOAHO (b) County A D A. (c) Street Address or R.F.D. No. 7th + Washing otomore (c) City.... (d) Street Address or R.F.D. No. 7⁻⁴ + WASH. (d) Name of Hospital or Maternity Home: NONE . (e) How long has MOTHER lived in Idaho? 5 vrs. (e) Mothers stay BEFORE delivery: 3. RESIDENCE OF FATHER (city, state) BDICE- IDA In THIS county months davs years FULL NAME MA 5. Date of Birth of Child 74.77(Month, day, year) 74.77-Twin or If so-born 8. No. months 9. Legitimate? YES 1st. 2nd, 3rd Triplet of Pregnancy FATHER OF CHILD MOTHER OF CHILD 16. FULL MAIDEN ELVA OSC OF EUGE 12. Age at time Age at time 36 yrs Age at time 26 yrs. Color 17. Color 18. Age at time or Race Wor Race ERIE.CO. Birthplace & AINES - ORLEANS-Co. 19. Birthplace.... (State or foreign country) (City or town) (State or foreign country) 20. Exact HOUSEWIFE-Occupation .... Occupation... Industry or Industry or SAME AS ABOVE SAME AS ABOUE. Business **Business** Name prophylactic used to prevent Ophthalmia Neonatorum ATTENDANT'S CERTIFICATE 24. I HEREBY CERTIFY That I attended the birth of this child, who was..... (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by..... (First name) who is related as..... (Mother, etc.) Attendant's M.D. Address Date Midwife **OWN** signature State of.... **AFFIDAVIT** (To be completed when the attendant does not sign in Item 25.) County of I, the undersigned, being first duly sworn, say that I am the Older SISTER of the person whose hame appears (Mother, etc.) years of age, that I have known this person for SIIICE DIVINGERS, and that in Item to shove, that I am now ______ CMM, who attended this birth deceased I further (Last name) (Is now deceased) or (Cannot be located) state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. Signature. Q. Address Subscribed and sworn to before me this... (Note: Perjury is punishable as a terony in Idano; see Sec. 17-914, Idaho Code Annotated) Received for filing on..... Registrar

Birth Certificate for Mrs. Mable Elva Middl.

Born Jan. 1- 1880.

Dr. George Collister-attending.

Pusent address.

826-W. 18th. St.

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Calif.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Department of Commerc	Э	CERTIFICATI	E OF BIRTH	Local Reg. No41.837
Bureau of the Census		STATE OF	DAHO	Reg. Dist. No
. PLACE OF BIRTH (A	all items at time of this i	oirth) Tarristan	2. USUAL RESIDENCE OF	MOTHER (At time of this birth)
(a) CountyNe	Z. Perce (b) City	Y	(a) State Ideha	
(c) Street Address of	or R.F.D. No			n
(d) Name of Hospita	l or Maternity Home:	· ·		
***************************************	***************************************		,	F.D. No.
(e) Mothers stay <b>BE</b>	FORE delivery:		(e) How long has <b>MO</b> :	THER lived in Idaho? Since 1887
	years	months days	3. RESIDENCE OF FATHE	R (city, state) Lewiston, Idaho
4. FULL NAME	v <b>M</b> ehetable Ch	urch	5. Da	te of Birth of Child January 7, 18 onth, day, year)
OF CHILD	7. Twin or	If so—born	8. No. months	onin, day, year)
6. Sex Female	Triplet	lst, 2nd, 3rd		ry 9 9. Legithmate? Yes
	FATHER OF CHILD		N	OTHER OF CHILD
10. FULL	m. Tanalahan art Massan	.=1-	16. FULL MAIDEN	rtka Alice Crawford
		ch		18. Age at time
11. Color or Race White	e 12. Age of TE	IS birth 37 yrs.		
13 Birthplace NOV	a Sootia		10 Birthalass Wichh	of THIS birth y  era Oregon (State or foreign country)
To. Dirmplacexxx.x.	a Scotia (City or town)	(State or foreign country)	re. Distriptice (	City or town) (State or foreign country)
14. Exact				
15. Industry or	rmer		21. Industry or	usewife
Business			Business	
00 N 1 1 1 11		1 . 37		
23. Number of children	ı of this mother: (a) At	time of birth and including	this child(b)	Born alive and now living6.
		ATTENDANT'S		•
24. I HEREBY CERTIF	Y That I attended the b	oirth of this child, who was.	(Rorn slive stillborn)	M. on the do
and at the place s	tated above and that r	personal particulars were fur	nished by	
and at the piece o	.a.ou and .o, and mer p			
			(Fi	st name) (Last name)
who is related as	(Mother etc.)		(Fi	st name) (Last name)
who is related as	(Mother, etc.)	м.D.	(Fin	st name) (Last name)  Date
who is related as  25. Attendant's  OWN signature	(Mother, etc.)	M.D. Midwife		
who is related as  25. Attendant's  OWN signature	(Mother, etc.)	M.D. Midwife	Address	
who is related as  25. Attendant's  OWN signature  State of	(Mother, etc.)	M.D. Midwife	Address	Date
who is related as  25. Attendant's  OWN signature  State of	(Mother, etc.)	M.D. Midwife	Address  AFFI to be completed when the atte	Date  DAVIT  endant does not sign in Item 25.)
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who is related as  25. Attendant's  OWN signature  State of	(Mother, etc.)	M.D. Midwife	Affra to be completed when the attention of (Mother, etc.) have known this person for who attended this birth (Is nowledge, and that I desire to	Date  DAVIT  endant does not sign in Item 25.)  the person whose name appears in Item  years, and to  Wedeceased) or (Cannot be located)  have this birth recorded under Chapter 1  Signat
who is related as  25. Attendant's  OWN signature  State of	, being first duly sworn	M.D.  Midwife    Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife	Affire to be completed when the attended this person for the whole the attended this birth	Date  DAVIT  endant does not sign in Item 25.)  the person whose name appears in Item  years, and to  we deceased) or (Cannot be located) have this birth recorded under Chapter 1  Signat  P. O. Addr
who is related as  25. Attendant's  OWN signature  State of	, being first duly sworn	M.D.  Midwife    Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife   Midwife	Affra to be completed when the attention of (Mother, etc.) have known this person for who attended this birth (Is nowledge, and that I desire to	Date  DAVIT  endant does not sign in Item 25.)  the person whose name appears in Item  years, and the control of the control o
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who is related as  25. Attendant's  OWN signature  State of	(Mother, etc.)  , being first duly sworn  the certificate above an	M.D. Midwife	Address  AFFI to be completed when the attended this birth	Date  DAVIT  endant does not sign in Item 25.)  the person whose name appears in Item  years, and the person or (Cannot be located)  have this birth recorded under Chapter 1  Signate  P. O. Addresses

(1937 Session Laws, Chapter 139, Section 4)

PROVINCE OF ALBERTA )

TO WIT: )

I, GEORGE MILLEGE STEVENS, of the City of Calgary, in the Province of Alberta, Plasteror, make oath and say:-

- 1. THAT I am the husband of Mary Mehetable Stevens, who was born under the name of Mary Mehetable Church.
- 2. THAT I am in possession of a Bible which was given to the said Mary Mehetable. Church as a Wedding Present by her mother and father, William Lockhart Church and Martha Alice Church, in approximately the year 1984.
- THAT on a page of the said Bible, which is reserved as a register of births, it is stated in her mother's handwriting "Mary Mehetable Church born Jan. 7, 1880"
- 4. THAT I fully believe that the said Mary Mehetable Church was born on January 7, 1880, near Lewiston, in the County of Nez Ferce, in the State of Idaho.
- 5. THAT attached hereto is a Certificate of Birth which in my belief is properly and carefully filled out.

SWORN BEFORE Me at the City of Calgary, in the Province of Alberta, this 12th day of April, A.D. 1946

Notary Public in and for the Province of Alberta.

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ig gr	Bu		OF IDAHO	Reg. Dist. No
certificate large for 1	1.	PLACE OF BIRTH (All items at time of this birth)		THER (At time of this birth)
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· ·		(c) Street Address or R.F.D. No	(c) City Alundary	
μ _o		(d) Name of Hospital or Maternity Home:		D. No
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7. 6		(e) Mothers stay BEFORE delivery:	<u>-</u>	R lived in Idaho?yrs.
COMPLETED filing. No c	_	In THIS county years months days	3. RESIDENCE OF FATHER	
•	4.	of Child Hilliam Joseph Talon	5. Date of Birtl	of Child y, year) Nov. 1, 1880
E G E		7. Twin or If so—born	8. No. months	, year,
¥Ç8	6	Sex Triplet 1st, 2nd, 3rd	of Pregnancy	9. Legitimate? To pa y
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ğä t	10.		16. FULL MAIDEN NAME ELIZABETA	Canaline Danima
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(1937 Session Laws, Chapter 139, Section 4)

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(1937 Session Laws, Chapter 139, Section 4)

	2/	66-229-036-281			101001
日上		ited States (Be sure the information is as	of dat	e of birth of THIS child.)	State File N421934
24	De	partment of Commerce CERTIFICAT			Local Reg. No
ğğ	-	reau of the Census STATE C			Reg. Dist. No.
Ğ.	1.	PLACE OF BIRTH (All items at time of this birth)			THER (At time of this birth)
iD certificate in charge for fil-		(a) County Oneida (b) City Samaria			(b) County Oneida
5 4		(c) Street Address or R.F.D. No.	Į		
G G		(d) Name of Hospital or Maternity Home:			***************************************
HŽ		At parent's home	l		). No
Ĭ.		(e) Mothers stay <b>BEFORE</b> delivery:	1	(e) How long has <b>MOTHE</b>	R lived in Idaho?11yrs.
COMPLETED filing. No cl		In THIS county 11 years 4 months days	3.	RESIDENCE OF FATHER (	city, state) Samaria, Idaho
	4.	FULL NAME OF CHILD Edith Vilate Bowen		5. Date of Birth	of Child year) Sept. 29,1880
Madil of for		7 Twin or If so_horn		8. No. months	, уеаг)орилальнооо
	6	Sex female Triplet 1st, 2nd, 3rd			9. Legitimate? Yes
a d b	; —	FATHER OF CHILD	1	MOTHER (	OF CHILD
ţă.	10.	FULL NAME David Bowen	16.	FULL MAIDEN NAME Annie Shao	ek] et.on
S H	11.	Color 12 Ago at time		Color	18. Age at time
certificate. Boise, Idaho nev order or	,	or Race white of THIS birth 43 yrs.	-''	or Racewhite	of THIS birth40yrs.
8 . E	13.	Birthplace Blaenavon, Monmouthshire, Wales.	19.	Birthplace London	. England
completing this lital Statistics, lify cents, mon	ĺ	(City or town) (State or foreign country)	ĺ	(City or town)	(State or foreign country)
교육 및	14.	Exact Occupation Farmer	20.	Exact Occupation Hou	sewife
おなら	15.	Industry or	21.	To desature on	
200		Business Farming		Business Own	home
# # # # # # # # # # # # # # # # # # #	22.	Name prophylactic used to prevent Ophthalmia Neonatoru	Im		
0 P #	23.	Tarker bereit			
455		ATTENDANT'S			
	24.	I HEREBY CERTIFY That I attended the birth of this child	, who	was	.atM. on the date
<b>49</b>				(Rorn alive stillborn)	
T M F		and at the place stated above, and that personal particular	irs we	re furnished by(First name	(Last name)
## b	•	who is related as		(Flist liana	(Last name)
St		(Mother, etc.)			
¥25	25.	Attendant's M.D.  OWN signature Midwife	Addre	SS	Date
K Record typewriter ribbon in SS postage to State Bureau o uires an advance payment o	<u> </u>				· · · · · · · · · · · · · · · · · · ·
2 # 8	Sta	te of Utah unty of Salt Lake ss.		AFFIDA	
	Cou	I, the undersigned, being first duly sworn, say that I am the	(TO D	e completed when the attend	ant does not sign in Item 25.)
BLACK B. CLASS p. require				(Mother etc.)	<del>" -</del>
SEA	'in 1	Item 4, above, that I am now75years of age, that	Iha	ve known this person for	5.5years, and that
描한다		the midwife	. who	attended this birth is no	w deceased I further
RST		(First name) (Last name) te that the facts on the certificate above are true to the be		. (Is now decease	ed) or (Cannot be located)
FIRE	ed	te that the facts on the certificate above are true to the be under Chapter 139, 1937 Session Laws.	est of 1	ny knowledge and that I de	sire to have this birth record-
7.28	- Cu	and diapor 200, 1001 pession days.	C'	harles IT	Lowen_Signature
정된및			1 221	Fact Lth So Salt	Lake, Utah P. O. Address
nly BLACK In lope bearing   Each certifie		Subscribed and swern to before me this31stday	للا <del>نكات</del> ادم ا	, <del>1. 12 ( 1. 12 )   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   1. 12   </del>	1014
P o i		pursuring and swell to before the this	0L		Colt Take IItak
only lope Eac		(SEAL) (Note: Perjury is punishable as a lelony in Idaho; see Se	c 17-0	Notary Public, res	iding at Daru Lake, Utan
# 4 B		AUG Q 10/R		Mary Folder	
2 2 ¥	Rec	eived for filing on AUG 9 1946	.by	many paran	, Registrar

**。 当主各集** 

(1937 Session Laws, Chapter 139, Section 4)

	362 229001 491			40.4000
ם학		Be sure the information is as	of date of birth of THIS child.)	State File No424628
944	Department of Commerce	CERTIFICAT	E OF BIRTH	Local Reg. No
D certificate charge for f	Bureau of the Census	STATE O		Reg. Dist. No
# o	1. PLACE OF BIRTH (All items at	time of this birth).		OTHER (At time of this birth)
r e	(a) County Class	(b) City [ 30-10e/	(a) State Tidaha	(b) County Ada
्रव	(c) Street Address or R.F.D. N		(c) City Boise	(b) County Lands Resemble
No 0	(d) Name of Hospital or Mater			Dr. Pusal) 210 day
HZ		Peridence	(d) Street Address or R.F	
ď.	(e) Mothers stay BEFORE deliv	ery:	(e) How long has <b>MOTH</b>	
COMPLETED filing. No c	In THIS county / O yes	rs — months <u> </u>	3. RESIDENCE OF FATHER	(city, state) Borse Idal
_	4. FULL NAME Of CHILD (	noton/	5. Date of Bir	th of Child
各합력	or Child 9 7. Twin	or Ir so—born	8. No. months	y, year) 7-29-1880
¥ . 8	6 Sex temale Triplet	1st, 2nd, 3rd	of Pregnancy	9. Legitimate? Uca
្នង្មី ៦	FATHER OF		MOTHER	OF CHILD
ţă a	10. FULL MC to	Osaac Newt	16, FULL MAIDEN	my Soubling And
ii, č	11. Color 7 / 12.	Age at time	17. Color 2/	18. Age at time
Soft Bots	or Race White	of THIS birth 47 yrs.	or Race	of THIS birth 3 1 yrs.
u m	13. Birthplace of thac a	. New York	(00 -	+ New Jersey
this fics,	13. Birthplace (City or town)	(State or foreign country)	19. Birthplace (City or town)	(State or foreign country)
eting this Statistics ents, mo	14. Exact	<i>U U U U U U U U U U</i>	20. Exact	
a to the	Occupation + and		Occupation A O	elwife
	15. Industry or Business		21. Industry or	D
it de la la la la la la la la la la la la la	l ————————————————————————————————————		Business 7	
85#	22. Name prophylactic used to pr	event Ophthalmia Neonatoru	M	
g 2 2	23. Number of children of this mo		nd including this child3 (b)	Born alive and now living
<b># # #</b>	24. I HEREBY CERTIFY That I at	ATTENDANT'S		-4 35 13 1
er ribbon e Bureau payment	24. I HEREDI CERTIFI INSTITUT	ended the birth of this child,	who was(Born alive, stillborn)	at
	and at the place stated above	, and that personal particula:	rs were furnished by	
	who is related as		(First na	me) (Last name)
powri o Sta rance	(Mother,			
8.0	25. Attendant's		Address	Date
g et	OWN signature	Midwife		
P E B	State of		AFFID	AVIT
8000	County of		(To be completed when the atter	
H M	I, the undersigned, being first	luly sworn, say that I am the	Dister of	he person whose name appears
288	in Item 4, above, that I am now	73 waste of age that	(Mother, etc.) I have known this person for	66+
75	Caatha			· · · · · · · · · · · · · · · · · · ·
HA	(First name)	(Last name)	who attended this birth	I further ased) <del>or (Canast be located)</del>
9 6 5	state that the facts on the certific	ate above are true to the bes	st of my knowledge, and that I o	lesire to have this birth record-
E B	ed under Chapter 139, 1937 Session	Laws.	no le le co	<del></del>
HERM		h. ·		Signature
BLAC! bearing		A 444		
	Subscribed and sworn to before	me this day	of Welliam	д, 19.4/-
only B) lope b Each	(SEAL)	Malty Folder	Notary Public, re	esiding at
무용	(Note: Perjury is punishable	as a felony in Idaho; see Sec	2. 17-914, Idaho Code Annotated.	)
5 p p	Received for filing on		by	
₽ o #			W.J	Derran

(1937 Session Laws, Chapter 139, Section 4)

	nited States epartment of Commerce			of birth of THIS child	Local Reg. No
Bu	ureau of the Census		STATE OF	IDAHO	Reg. Dist. No
1.	PLACE OF BIRTH (All items	at time of this_birth)	<u> I</u>	2. USUAL RESIDENCE O	F MOTHER (At time of this b
	(a) County Oneida	(b) City Frank	<u>clin</u>	(a) State Idaho	(b) County Onei
	(c) Street Address or R.F.D.	No			klin
	(d) Name of Hospital or Mat	ernity Home:	İ		R.F.D. No none -
	At home.				
	(e) Mothers stay BEFORE de	livery:			OTHER lived in Idaho? Abt.
_	In THIS county Abt. x	ears months	-days	3. RESIDENCE OF FATH	
4.	FULL NAME JEANETT	yrs. E WHITEHEAD		5. Date of	Birth of Child , day, year) May 17, 188
	7. Twir		—born	8 No months	
6	Sex female Tripl		2nd, 3rd	_ of Pregnancy	9 9. Legitimate? yes
	FATHER OF				HER OF CHILD
10.	). FULL	a Mhitabaad		16. FULL MAIDEN	manet Croon
11.	NAME WM. Jame L. Color 1	s whitehead  2. Age at time		NAME MAC	garet Green 18. Age at time Ab
	or Racewhite	of THIS birth3	Nrs.	or Race white	of THIS birth37
13.	B. Birthplace Hull, La				m, Lancashire, Engla
13.	(City or town)	(State or foreign cour	tre)	19. Birthplace	wn) (State or foreign count
14	L Exact	- · · ·		20. Exact	
15.	Occupation Farme	<u>r</u>		Occupation	Housewife
15.	_ · ·			21. Industry or	
	Business Own f			Business	Own home
22.	2. Name prophylactic used to	prevent Ophthalmia l	Neonatorum.		
				9.7	
23.	3. Number of children of this n		of birth and	including this child	(b) Born alive and now living
23.		ATTI	of birth and	including this child 11 ERTIFICATE	
23. 24.	3. Number of children of this not in the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second sec	ATTI	of birth and	including this child 11 ERTIFICATE who was	at
23. 24.	4. I HEREBY CERTIFY That I	ATTE attended the birth of	of birth and ENDANT'S Cothis child, w	including this child 11. ERTIFICATE  who was.  (Born alive, stillborn)	at
23. 24.		ATTE attended the birth of	of birth and ENDANT'S Cothis child, w	including this child 11 ERTIFICATE who was	at
23.	i. I HEREBY CERTIFY That I a and at the place stated abo	ATTE attended the birth of ve, and that personal	of birth and ENDANT'S Cothis child, w	including this child 11 ERTIFICATE who was	at
23. 24.	i. I HEREBY CERTIFY That I a and at the place stated abo who is related as(Moth	ATTE attended the birth of ve, and that personal	of birth and ENDANT'S C this child, v particulars	including this child 11 ERTIFICATE who was	
23. 24.	d. I HEREBY CERTIFY That I a and at the place stated abo who is related as(Moth	ATTE attended the birth of ve, and that personal	of birth and INDANT'S Control of this child, we particulars	including this child 11 ERTIFICATE who was	at
23. 24. 25.	and at the place stated abo who is related as(Moth Attendant's OWN signature	ATTE attended the birth of ve, and that personal	of birth and ENDANT'S C this child, v particulars	including this child 11 ERTIFICATE who was	
23. 24. 25,	and at the place stated abo who is related as(Moth  Attendant's OWN signature  ate of. Utah	ATTE attended the birth of ve, and that personal er, etc.)	of birth and INDANT'S C this child, w particulars M.D. Ad Midwife	including this child 11 ERTIFICATE The was (Born alive, stillborn) were furnished by (Fin	
23. 24. 25,	and at the place stated abo who is related as(Moth Attendant's OWN signature tate of Utah county of Salt Lai	ATTE attended the birth of ve, and that personal er, etc.)  Se.	of birth and INDANT'S C this child, w particulars M.D. Ac Midwife	including this child 11 ERTIFICATE who was	Date FIDAVIT
23. 24. 25,	and at the place stated abo who is related as(Moth Attendant's OWN signature tate of Utah county of Salt Lai	ATTE attended the birth of ve, and that personal er, etc.)  Se.	of birth and INDANT'S C this child, w particulars M.D. Ac Midwife	including this child 11 ERTIFICATE who was	
23. 24. 25. Sta	and at the place stated abo who is related as(Moth is. Attendant's OWN signature tate of Utah ounty of Salt Lai I, the undersigned, being firs	ATTE attended the birth of ve, and that personal er, etc.)  Se.  t duly sworn, say that	of birth and ENDANT'S C this child, w particulars M.D. Ad Midwife  (T t I am the	including this child 11 ERTIFICATE who was  (Born alive, stillborn) were furnished by  (Fin ddress  AF to be completed when the a older sister  (Mother, etc.) have known this person for	Date  FIDAVIT  Attendant does not sign in Iter  of the person whose name aportlife
23. 24. 25. Sta	and at the place stated abo who is related as(Moth Attendant's OWN signature ate of Utah bunty of Salt Lai I, the undersigned, being firs Item 4, above, that I am now midwhile name now unknown	ATTE attended the birth of ve, and that personal er, etc.)  ss. t duly sworn, say that 70 years of nown but possib	of birth and ENDANT'S C this child, w particulars M.D. Ad Midwife  (T t I am the	including this child 11 ERTIFICATE who was  (Born alive, stillborn) were furnished by  (Fin ddress  AF to be completed when the a older sister  (Mother, etc.) have known this person for	Date  FIDAVIT  Attendant does not sign in Iter  of the person whose name aportlife
23. 24. 25. Sta	and at the place stated abo who is related as.  (Moth Attendant's OWN signature ate of Utah Dunty of Salt La I, the undersigned, being firs Item 4, above, that I am now. midwleiname now unk	ATTE attended the birth of ve, and that personal ver, etc.)  ss.  t duly sworn, say that 70 years of nown, but possio	of birth and INDANT'S Countries this child, we particulars  M.D. Additional Midwife  I am the	including this child 11 ERTIFICATE The was (Born alive, stillborn) were furnished by (Fin idress  AF To be completed when the a    older sister    (Mother, etc.) have known this person for who attended this birth 15 In (Is now	Date  FIDAVIT  Ittendant does not sign in Iter  of the person whose name approximately a person whose name approximately a person whose name approximately are (Canasat be located)
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(1937 Session Laws, Chapter 139, Section 4)
Where the birth of a child born prior to the effective date of Chapter 191,

e di	Un	153-103-036-753 ited States (Be sure the information is as partment of Commerce CERTIFICAT		of birth of THIS child.)  BIRTH	State File No433369 Local Reg. No
COMPLETED certificate filing. No charge for 1		reau of the Census  PLACE OF BIRTH (All items at time of this birth) (a) County (b) City (c) Street Address or R.F.D. No		(a) State Cales (c) City (d) Street Address or R.F.J.	
COMPLI filing.		(e) Mothers stay BEFORE delivery: Oun home In THIS county years months days	3.	(e) How long has <b>MOTHE</b> <b>RESIDENCE OF FATHER</b> (	IR lived in Idaho?yrs.
_	4.	OF CHILD Orson Willard nelson		5. Date of Birth (Month, day	n of Child Fiel 32 1980
Medi ho, for r coin.	6	Sex Field 7. Twin or If so—born 1st, 2nd, 3rd		8. No. months of Pregnancy  MOTHER	9. Legitimate? 3
certificate. Mail Boise, Idaho, for ey order or coin.	10.		16.	FULL MAIDEN BOTHER NAME	the Retesson
ertiff Boise	11.	or Race White 12. Age at time of THIS birth 46 yrs.	17.	or Race White	18. Age at time 33 yrs.
this c tics, 1 mone	13.	(City or town) (State or foreign country)	19.	Birthplace (Çity or town)	(State or foreign country)
leting this cer Statistics, Bo cents, money	14. 15.	Occupation American Industry or	20. 21.	Occupation Industry or	ne wife
ompl Vital lifty o	22.	Business  Name prophylactic used to prevent Ophthalmia Neonatoru	<u> </u>  m	Business	
22 E	23.	Number of children of this mother: (a) At time of birth a ATTENDANT'S			Sorn alive and now living.
writer ribbon State Bureau nce payment	24.	I HEREBY CERTIFY That I attended the birth of this child, and at the place stated above, and that personal particula	, who v	Vas(Born alive, stillborn)	at
writer State ace po		who is related as(Mother, etc.)		(First name	e) (Last name)
<b>2</b> 5₽	25.	• • • • • • • • • • • • • • • • • • • •	Addres	8	Date
	Sta	te of Jsko		y AFFIDA	
M	Cot	inty of Barrisch ss.  I, the undersigned, being first duly sworn, say that I am the	(To be	of th	dant does not sign in Item 25.) ne person whose name appears
or BLACK Re RST-CLASS po copy requires	*****	Item 4, above, that I am now 74 years of age, that  (First name) (Last name)	t I hav	e known this person for X attended this birth (Is now decease	years, and that  years, and that  years, and that  years, and that  years, and that
범딦정		te that the facts on the certificate above are true to the be under Chapter 139, 1937 Session Laws.	est of m	y knowledge, and that I do	1Signature
ly BLACK 19 pe bearing ach certifie		Subscribed and sworn to before me this day	, <b>05</b> /	Maril am	Men State P. O. Address
only elope Eac		(SEAL) (Note: Perjury is punishable as a felony in idaho; see Se	c. 17-9	Notary Public, res	MARCH POLICE
dse fng.	Rec	ceived for filing on APR 4 1977	.by	John W	Registrar Registrar

(1937 Session Laws, Chapter 139, Section 4)

212-201 001-396 440883 State File No. 440883 (Be sure the information is as of date of birth of THIS child.) United States Department of Commerce CERTIFICATE OF BIRTH Local Reg. No..... TED certificate No charge for Reg. Dist. No .... Bureau of the Census STATE OF IDAHO 1. PLACE OF BIRTH (All items at time of this birth) 2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) County. Out (b) City Changes (b) County Wax (c) Street Address or R.F.D. No., GMM (c) City... (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No.... (e) How long has MOTHER lived in Idaho?... (e) Mothers stay **BEFORE** delivery: RESIDENCE OF FATHER (city, state) In THIS county years months davs 5. Date of Birth of Child FULL NAME BASYE OF CHILD. (Month, day, year).... If so-born 7. Twin or No. months 6 Sex 1st, 2nd, 3rd 9. Legitimate? Triplet of Pregnancy MOTHER OF CHILD FATHER OF CHILD FULL MAIDEN FULL 10. NAME. Age at time Color 17. Color Age at time of THIS birth. or Race of THIS birth. or Race. Birthplace. 19. Birthplace... (State or foreign country) (City or town) (City or town) (State or foreign country) Exact 20. Exact Occupation. Occupation.... Industry or Industry or Business Business Name prophylactic used to prevent Ophthalmia Neonatorum..... Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.... ATTENDANT'S CERTIFICATE 24. I HEREBY CERTIFY That I attended the birth of this child, who was... (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by.... (First name) (Last name) who is related as..... (Mother, etc.) Attendant's M.D. Address Date Midwife **OWN** signature ID AHO **AFFIDAVIT** State of... SEM (To be completed when the attendant does not sign in Item 25.) County of... .....of the person whose name appears (Mother) etc.) years of age, that I have known this person for.... in Item 4, above, that I am now. .....vears, and that IJ MW DECEASED I further ....., who attended this birth... (First name) (Is now deceased) or (Cannot be located) state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-🖈 ed under Chapter 139, 1937 Session Laws. Subscribed and sworn to before me Notary Public, residing at Bass (SEAL) (Note: Perjury is punishable as a favory in Idaho; see Sec. 17-914 Idaho Code Annotated) Received for filing on .by.... Registrar

(1937 Session Laws, Chapter 139, Section 4)

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	Ur	nited States (Be sure the information is as	of date of birth of THIS child.)	State File No.443689.
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4			P IDAHO	Reg. Dist. No
charge for	Τ.	PLACE OF BIRTH (All items at time of this birth)		THER (At time of this birth)
Ē		(a) County Washington (b) City Weiser		(b) County Washingto
		(c) Street Address or R.F.D. No. R. R. No. 2	(c) CityWeiser	
Š		(d) Name of Hospital or Maternity Home:	(d) Street Address or R.F.	D. No
		Born at family home		R lived in Idaho?12yrs.
5		(e) Mothers stay BEFORE delivery:		
filing.		In THIS county 12 years months days	3. RESIDENCE OF FATHER	
뒥	4.	of CHILD Eva Jeannette Saling	5. Date of Birth	of Child July 25, 1880
PQ		of CHILD Eva Jeannette Saling 7. Twin or If so-born	8. No. months	, year)ountyouhoov_
4.2	6	Sex Female Triplet No 1st, 2nd, 3rd	of Pregnancy	9. Legitimate? Yes
Idaho, for ler or coin.	<u>~</u>	FATHER OF CHILD	MOTHER	
A.	10	PITT T	16. FULL MAIDEN	OF CHILD
ř.		NAME John Saling	NAME Margaret F	llen Anderson
se,	11	. Color 12. Age at time	17. Color	18. Age at time
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	12	. Birthplace Tennessee	19. Birthplace Omaha,	Nebraska
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ts is	15	. Industry or	21. Industry or	
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<b>&gt;</b> 41	23	. Number of children of this mother: (a) At time of birth a	and including this child 8 (b) I	
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tate B Se pay	<b>-</b> -	and at the place stated above, and that personal particular who is related as	, who was(Born alive, stillborn) urs were furnished by	
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(1937 Session Laws, Chapter 139, Section 4)



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5 H H		partment of Commerce CERTIFICAT	E OF BIRTH	Local Reg. No
<u> </u>		reau of the Census STATE O	F IDAHO	Reg. Dist. No
tifii Je	1.	PLACE OF BIRTH (All items at time of this birth)	2. USUAL RESIDENCE OF MO	OTHER (At time of this birth)
9 B		(a) County Boise (b) City Placerville	(a) State Idaho	(b) CountyBoise
$\Sigma$		(c) Street Address or R.F.D. No.		<u>e</u>
128		(d) Name of Hospital or Maternity Home: Parents home	(d) Street Address or R.F.I	D. No39 R lived in Idaho?yrs.
1		(e) Mothers stay BEFORE delivery:	(e) How long has MOTHE	R lived in Idaho?yrs.
COMPLETED certificate filing. No charge for 1		In THIS county 5 years months days	3. RESIDENCE OF FATHER (	city, state) Flacerville,
5월		OF CHILD Theoline Mathilda Peterson	5. Date of Birth (Month, day	n of Child 10 - 19- 1880 y, year) 10 - 19- 1880
Medi		7. Twin or If so—born	8. No. months	
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(1937 Session Laws, Chapter 139, Section 4)

07-044-751 State File No. DE48-0382 (Be sure the information is as of date of birth of THIS child.) Department of Commerce CERTIFICATE OF BIRTH Local Regi charge for Bureau of the Census STATE OF IDAHO Reg. D 1. PLACE OF BIRTH (All items at time of this birth) 2. USUAL RESIDENCE OF MOTHER (A ls birth el Dash (a) County Washington (b) City Midvale (a) State Idaho (b) Coun (c) Street Address or IPF.D. No. (c) City... (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho?... (e) Mothers stay **BEFORE** delivery: RESIDENCE OF FATHER (city, state) Midvale Idoho In THIS county years months days 4. FULL NAME 5. Date of Birth of Child (Month. day, year)..... If so-born Twin or 8. No. months Sex Female 1st, 2nd, 3rd 9. Legitimate? Triplet of Pregnancy FATHER OF CHILD MOTHER OF CHILD 16. FULL MAIDEN FULL NAME IM AM Age at time 18. Age at time Color 17. Color or Race. of THIS birth. or Race... of THIS birth 13. Birthplace 19. Birthplace..... (City or town) (State or foreign country) (City or town) (State or foreign country) Exact Exact Occupation... Occupation... Industry or 21. Industry or Business Business 22. Name prophylactic used to prevent Ophthalmia Neonatorum..... Number of children of this mother: (a) At time of birth and including this child. 2.... (b) Born alive and now living. ATTENDANT'S CERTIFICATE 24. I HEREBY CERTIFY That I attended the birth of this child, who was _____at _____M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by..... (First name) who is related as..... Address Attendant's M.D. Date Midwife **OWN** signature **AFFIDAVIT** County of Payette (To be completed when the attendant does not sign in Item 25.) of the person whose name appears (Mother, etc.) years of age, that I have known this person for 68 years, and that (First name) (Last name) (Is now deceased) or (Cannot be located) state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. Subscribed and sworn to before me this 3 r.d. and day of... ..., Notary Public, residing at Lauctie (SEAL) (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Man Code Annotated.) Received for filing on JUN 7 1048 ...bv...

FILE # FROM 382 TO DE48-0382 12/18/12 KMC

# **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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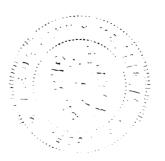
-419-125-001-81 State File No. DE48-0702 (BECAMO) the information is as of date of birth of THIS child.) United States Department of Commerce CATAN CERTIFICATE OF BIRTH Local Reg. No..... COMPLETED certificate filing. No charge for 1 Bureau of the Census Reg. Dist. No..... STATE OF IDAHO 1. PLACE OF BIRTH (All items at time of this birth) 2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) County Ada (b) City Bolse (a) State Idaho (b) County Ada (c) Street Address or R.F.D. No. (c) City Boise (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? 5 vrs. (e) Mothers stay **BEFORE** delivery: In THIS county 5 3. RESIDENCE OF FATHER (city, state) years months days 5. Date of Birth of Child May 25, 1880 (Month, day, year) FULL NAME of CHILD Burton Marlatt 7. Twin or If so-born 8. No. months 9. Legitimate? Yes Sex Male Triplet 1st, 2nd, 3rd of Pregnancy FATHER OF CHILD MOTHER OF CHILD FULL 16. FULL MAIDEN NAME Melvina Yates Wm. Marlatt NAME 12. Age at time of THIS birth 40 yrs. 17. Color 18. Age at time Color of THIS birth 38 yrs. or Race White White or Race..... 19. Birthplace Plainville , Ind. Birthplace Plainville, Ind. (City or town) (State or foreign country) (City or town) (State or foreign country) Exact 20. Exact Occupation Housewife Occupation Farmer Industry or 21. Industry or **Business** Business Name prophylactic used to prevent Ophthalmia Neonatorum. Number of children of this mother: (a) At time of birth and including this child....... (b) Born alive and now living...2... ATTENDANT'S CERTIFICATE only BLACK Ink or BLACK Record typewriter ribbon slope bearing FIRST-CLASS postage to State Bureau Each certified copy requires an advance payment (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as..... (Mother, etc.) Date Attendant's M.D. Address Midwife **OWN** signature State of Idaho **AFFIDAVIT** County of Canyon (To be completed when the attendant does not sign in Item 25.) I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears (Mother, etc.) in Item 4, above, that I am now 9.3 years of age, that I have known this person for 68 years, and that have forgot her name , who attended this birth deceased I further (Is now deceased) or (Cannot be located) state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. Aday of September Subscribed and sworn to before me this 3rd. Notary Public, residing at Nampa, Idaho. (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914. Idaho code Annotated.) Received for filing on.....

completing this certificate. Mail Vital Statistics, Boise, Idaho, for

(1937 Session Laws, Chapter 139, Section 4)

	2	96-205 pereiven		· · · · · · · · · · · · · · · · · · ·
	0	partment of Commerce OF VITAL CERTIFICAT		State File No. DE49-1234
COMPLETED certificate in filing. No charge for fil-	Ur	ited States MAR 1 (Be sure the information is as	of date of birth of THIS child.)	State File No.
2	De	partment of Commerce OF VITAL CERTIFICAT STATE C	E OF BIRTH	Local Reg. No
<u> </u>	Bu	reau of the Census STATE C	)F IDAHO	Reg. Dist. No
¥.	1.	PLACE OF BIRTH (AM Heins at time of this birth)	2. USUAL RESIDENCE OF MO	THER (At time of this birth)
₽Ď	_,	(a) County Bear Lake (b) City Bloomington		(b) County Bear Lake
문걸		(c) Street Address or R.F.D. No None		
Ö g				***************************************
일은		(d) Name of Hospital or Maternity Home: None	(d) Street Address or R.F.D	No. None
4		477 + 4974 + 40 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440 + 1440		R lived in Idaho?lyrs.
Z 5		(e) Mothers stay BEFORE delivery:	I.	
Σğ		In THIS county 1 years months days	3. RESIDENCE OF FATHER (c	
೮	4.	FULL NAME	5. Date of Birth	of Child year) Aug. 5, 1880
ਜ <b>ਨ</b> ,	3	OF CHILD Eliza Hannah Brown	(Month, day,	year)
M F	3	7. Twin or If so—born	8. No. months	9. Legitimate? Yes
<b>~</b> § :		Sex Female Triplet No 1st, 2nd, 3rd		
6 g	3	FATHER OF CHILD	MOTHER C	of Cally
<b>52</b>	10	NAME Orson Hyrum Brown	16. FULL MAIDEN Elizabe	th Bateman
ä 31	11	<b>17.4.4.</b>	17. Color	
번역	) TT	Color or Race White 12. Age at time of THIS birth 24 yrs.	or Race White	of THIS birth 16 yrs.
BH	<b>X</b>		C+ifford F	ssisc, England
39 of 1	13	Birthplace Derbyshire, England		**************************************
3 %	١.	(City or town) (State or foreign country)	(City or town)	(State or foreign country)
ნ.₩.	, 14	Exact Occupation Coal Miner	20. Exact Housewi	fe
eting Statis	i	Occupation CORI MINEY	21. Industry or	
<u>a</u> a (	15		Business None	
유명 :	<u> </u>			
completing this certificate. Mail	22	Name prophylactic used to prevent Ophthalmia Neonator	ımROME	
	23	Number of children of this mother: (a) At time of birth	and including this child (b) Bo	orn alive and now livingQ
#0	·	ATTENDANTS	CERTIFICATE	
881	24	I HEREBY CERTIFY That I attended the birth of this child	, who was	.atM. on the date
A S			(Rorn slive, stillborn)	
HA	ş	and at the place stated above, and that personal particular	ars were furnished by	
<u>i e ë</u>	ί,		(First name	(Last name)
ŦB:	Ď	who is related as		
₩ XX	Í	(Mother, etc.) Attendant's M.D.	Address	Date
29	25	Attendants		Date
£ 2 i	3 <u>—</u>	- 111 DB:::::-		
E 8	St	ate of Utah unty of Weber ss.	AFFIDA'	
S S	Co	unty of Weber ss.	(To be completed when the attend	ant does not sign in Item 25.)
Ä Ä	Ď	I, the undersigned, being first duly sworn, say that I am the	e Aunt of the	e person whose name appears
M SS	<u> </u>			
24	in 🎖	Item 4, above, that I am now86years of age, tha	t I have known this person forΩ	Qyears, and that
젊다	• ]	Midwife (name waknown)	, who attended this birth.nowde	ceasedI further
TH.	Ž	(First name) (Last name)	(Is now decease	ed) or (Cannot be located)
26	st	ate that the facts on the certificate above are true to the b	est of my knowledge, and that I de	sire to have this birth record-
경도	ed ed	under Chapter 139, 1937 Session Laws.	1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(
_ 53	ĺ		L Limited B	Signature
당분현	3		***************************************	P, O. Address
# B E	3	Subscribed and arrow to have marketing 9 day	y of tebruary	1949
MA.	in.	Subscribed and sworn to before me this	y Viannangi (samulanianianianianianianianianianianianiania	Oaker Illand
A 8.	5 /V	Subscribed and sworn to before motivis 2 day (Note: Perjury is punishable as a felony in Idaho; see S	, Notagy Public, res	iding at
Use only BLACK Ink or BLACK Record typewriter ribbon anyelope bearing FIRST-CLASS postage to State Bureau	·		ec. 17-914, Idano Code Annotated.)	
2 2	Ď D	ceived for filing on March 10, 19 49	by W L Dense	Registrar
n 2 !	a re	CC14CR TAT TITTE ATT	·· -/	

(1937 Session Laws, Chapter 139, Section 4)



268-222-003-816 DELAYED CERTIFICATE OF BIRTH State File No. De51-479 STATE OF IDAHO Local Reg. No. Division of Vital Statistics Boise, Idaho Reg. Dist. No.____ 1. Registrant's Full Name at Birth **REGISTRANT** 2. Date (month) (day) (year) 0f 1880 (Person whose 22 Clara J. Boyle Feb. Birth Birth is being 3. Color or Race 4. Sex 5. Place of Birth b.City or Town of Birth registered) a. County white 0xford Oxford Bannock 6. Full Name of Father **FATHER** 7. State or Country of Father's Birth Pittsburg , Penn. James Boyle 8. Full Maiden Name of Mother MOTHER 9. State or Country of Mother's Birth Elizabeth Hawkins Utah i hereby declare upon oath that the 10. Signature of Registrant **AFFIDAVIT** 11. Present Address of Registrant above statements are true to the best of my knowledge and belief. Arco, Idaho Subscribed and sworn to before me on 13. Notary Commission expires NOTARY (Seal) January 22, 19 51 10/20 APPLICANT DO NOT WRITE BELOW THIS LINE
By whom issued and signed Type of Document SUPPORTING Date issued Date Orig. Entry RECORD 1-Insurance Policy Royal Neighbors of America 1-1-32 1-1-32 Date of Birth Birth Place Full Name of Mother Name of Father Class* B 2-22-1880 | Idaho Type of Document By whom issued and signed SUPPORTING Date issued Date Orig. Entry RECORD 2. 2-22-1880 Bible Record Family Bible Date of Birth Birth Place Full Name of Mother Name of Father James Boyle Class_ Elizabeth Hawkins Oxford, Idaho 2-22-1880 Type of Document SUPPORTING By whom issued and signed Date issued Date Orig. Entry RECORD 3-Date of Birth Birth Place Full Name of Mother Name of Father Class **QUALIFYING** IN FORMATION I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this REGISTRAR'S registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the **CERTIFICATION** foregoing abstract. (seal) State Registrar Evidence reviewed by Date Filed 1-25-51 . W. Benson *Class A Records are those made and dated before the Registrant's fourth birthday. Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JAN 26 1951

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165-202 1036-799 Department of Public Health DELAYED CERTIFICATE OF BIRTH State File No. De51-2307 STATE OF IDAHO Division of Vital Statistics Local Reg. No.____ Boise, Idaho Reg. Dist. No. 1. Registrant's Full Name at Birth **REGISTRANT** 2. Date (month) (day) (vear) Of (Person whose Birth Birth is being 5. Place of Birth 3. Color or Race 4. Sex// registered) a. County b.City or Town of Birth molad healad CA FATHER 7. State or Country of Father's Birth 8. Full 1 MOTHER_ 9. State or Country of Mother's Birth Wales AFFI DAVIT I hereby declare upon oath that the 10. Signature of Registrant 11. Present Address of Registrant above statements are true to the best of my knowledge and belief. Subscribed and sworn to before me on NOTARY (Seal) APPLICANT--- NO NOT WRITE BELOW THIS LINE
By whom issued and signed Type of Document SUPPORTING Date issued Date Orig. Entry RECORD 1. Family Bible Family Bible Record Nov. 2. 1880 Date of Birth Birth Place Full Name of Mother Name of Father Class* A Nov. 2, 1880, Malad, Idaho Type of Document SUPPORTING By whom issued and signed Date issued Date Orig. Entry RECORD 2. Affidavit by brother Geo. W. Jones Nov. 23. 1951 Date of Birth Birth Place Full Name of Mother Name of Father Class_ B Nov. 2, 1880, Malad, Idaho Type of Document SUPPORTING By whom issued and signed Date issued Date Orig. Entry RECORD 3. Date of Birth Birth Place Full Name of Mother Name of Father Class_ **OUALIFYING** IN FORMATION I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this REGISTRAR'S registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the **CERTIFICATION** foregoing abstract. (seal) State Registrar Evidence reviewed by Date Filed W. W. Benson Dec. 18, 1951 *Class A Records are those made and dated before the Registrant's fourth birthday. Class B Records are those made after the fourth birthday but are at least 5 years old.

FORM DPH 49067

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oise, Idaho	<u> </u>	<u> </u>			Reg. Dis	t. No	
	1. Registrent's - Mary Ellen	Full Name at Birth Schooler		2. Date Of Birth	(month) Dec	(day) 18 18 <b>80</b> ^(ear)	
irth is being egistered)	3. Color or Rac White	R Boi	ce of Birth a.County	b.City or Town of Birth Boise			
ATHER	6. Full Name of Father Richard Schooler 8. Full Maiden Name of Mother Mary Elizabeth Carter			_	ite or Country of Father's Birth		
OTHER						or Country of Mother's Birth	
FFIDAVIT	above statement	e upon oath that the s are true to the ledge and belief.	10. Signature of Registrant Elizate M. Tingg	. 1	11. Present Addr 10499 Dixon Seattle 13. Notary to the	ess of Registrent Drive B Wash	
OTARY (Seal)		sworn to before me or <u>e 26</u> 19 <u>52</u>	1/1/1/2		Notary Public Washington, re	in and for the Sta widing at Seattle. V	
	· · · · · · · · · · · · · · · · · · ·	APPLICA	ANT- DO NOT WRITE BELOW THIS I	LINE	•	n Expires Oct. 28,	
UPPORTING ECORD 1-	Type of Documen		ANT DO NOT WRITE BELOW THIS I By whom issued and signed		Date Issued	Date Orig. Entry	
lass* A	Record from family Bible Date of Birth Birth Place		Full Name of Mother		Name of Father		
	Dec. 18, 18				<b>—</b>	10.0.0	
NUPPORTING RECORD 4-	Type of Documen	t	By whom issued end signed		Date issued	Date Orig. Entry	
EWRD 2-	Affidavit 1	by brother	Frank Ellsworth Scho	oler	May 17, 1	9 <b>52</b>	
_	Date of Birth		Full Name of Mother		Name of Fathe		
lassB_	S B. Dec.18, 1880 Boise, Idaho		Mary Elizabeth Schooler		Richard Schooler		
UPPORTING ECORD 3-	Type of Documen			,201		Date Orig. Entry	
iassB	Date of Birth	Birth Place	Full Name of Mother	<u> </u>	Name of Fathe	F	
UALIFYING NEORMATION							
	-				1.5		
EGISTRAR'S ERTIFICATION (seal)	hereby certif registrant and foregoing abstr	that documentary evid	h certificate has been found in dence has been reviewed, which	n the Divi substanti	sion of Vital St ates the facts a	atistics for this s set forth in the	
(3641)	State Registrar	•	Evidence reviewed by			Date Filed	
	W. W. Be	nson	Edna Hamilton			June 30, 1952	

DELAYED CERTIFICATE OF BERTH State file de Labe 12 auk sildudita STATE OF LUARED tocal Rep. do. enlications in the locality in ser of the comme drift to amp life a regretive of Lad now 1 230 where then Schooler A Coror of Race L. Sax S. Place of Birth leatat : per b.city of fam at airen B. Comer ant on Test's? To see Ties State or Country of Pather's Sinth #MOI Bicherd Heispoler To fell Heides a see of Notice State or Country of Hother's Mirth mary Missbeth Carter I hereby declare each coin the the tearth iged to age the trees of design attainments are true to the 1049) Dixon ir Two to led one egbelsons to be stead . teek W. aldies 12. 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June 30. dea Heri Itor HOELSON . . Class & Receive are those made and dates to fore the menistrants and Class 3 Receids are those made area ton the ton the

515-102-036-165 Bepartment of Public Health DELAYED CERTIFICATE OF BIRTH State File No. De 52-3517 STATE OF IDAHO Division of Vital Statistics Local Reg. No.____ Boise, Idaho Reg. Dist. No.____ 1. Registrent's Full Name at Rigth **REGISTRANT** 2. Date (month) (dav) (vear) Henry Wilmont Vanderwood Ωf (Person whose Birth August 1880 Birth is being 2nd 3. Color or Race 4. Sex registered) 5. Place of Birth a.County b.City or Town of Birth male white Malad City Oneida 7. State of Country of Father's Birth 6. Full Name of Father **FATHER** Anna William Vanderwood Netherlands MOTHER 8. Full Maiden Name of Mother 9. State or Country of Mother's Birth Catherine Jones Wales 11. Present Address of Registrant I hereby declare upon oath that the AFFI DAVI T 10. Signature of Registrant above statements are true to the best of my knowledge and belief. 272 East Jackson St.
Blackfoot Idaho
13. Notary Commission expires Subscribed and sworn to before me on NOTARY (Seal) 12. Signature of Notary October 30th 19 52 February 8th 1953 APPLICANT DO NOT WRITE BELOW THIS LINE Type of Document SUPPORTING Date Issued Date Orig. Entry RECORD 1-Affidavit by Older Sister Mary Vanderwood Powell 10/24/52 Date of Birth Birth Place Full Name of Mother Name of Father class*_ B Aug. 2, 1880 Malad City, Idaho Catherine Jones Wanderwood Anna William Vanderwood Type of Document Affidavit by Ear By whom issued and signed Bingham County SUPPORTING Date issued Date Orig. Entry W. Cory, Probate Judge re Prudential Ins. Co. Policy No. Earl W. Cory, Probate Judge RECORD L. Policy dated Dec. 28, 1911 Date of Birth Birth Place 1426133 Full Name of Mother Name of Father Class_ Aug. 2. 1880 Idaho Type of Document SUPPORTING By whom issued and signed Date Orig. Entry Date issued RECORD 3-8-2-1880 Bible Record Family Bible Date of Birth Birth Place Full Name of Mother Name of Father Class Aug. 2, 1880 QUALIFYING IN FORMATION I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this REGISTRAR'S registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the **CERTIFICATION** foregoing abstract. (seal) State Registrar Evidence reviewed by Date Filed W. W. Benson Dec. 3, 1952 *Class A Records are those made and dated before the Registran, 's fourth birthday. Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

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To a Law deba least ve to Jaset. 27º East usekson, St. to me another of them the training to before on the Le le mateur de des de State 30th 19.52 EZ et MIS PIETIDES TENERAL TON TON TO menung te savi Cita firls, Brits flower conservation visate restate on the state of makes as a series of the series cediton in cases for THE RESERVE THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PA The state of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of t Type of December THE DESCRIPTION OF STREET hempig was nower was a C#2. _ C_3 formation at the eist Min SATE OF ELCE SERVE PLACE The said to said to of * AFT I MOC *CASIMONS the state of the second state of the second The sale of the sale of the sale of the court part and the Positions and that nocumentary evidence has soon reviewed, with occuration the time as set forth to the OF THE SE STREET Dai's siad tel contact telliness as Lu. 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Bolse, Idaho REGISTRANT	1. Registrant's Full Name at Bir	<b>.</b>	O Dodo		t. No
KEGI SIKANI (Person whose	To make of mir o Latt Monda of Dill	<b>.</b>	2. Date Of	(month)	(day) (year)
Birth is being	Daisy McConnel		Birth	Dobos Cos	1880
egistered)		Place of Birth a.County		b.City or Town o	f Birth
ATHER	White   female   6. Full Name of Father	Idaho Canyon	7 84-4-	Dixie	-Ab1- mt-Ab
AIREK			/. State	or Country of F	atner's Birth
ATHER	Charles S. McConnel		Iow		-Ab-ma - Bl-Ab
OTHER —	-		9. State	or Country of M	otner's Birth
CELDAVIT	Laura Kirby I hereby declare upon oath that	the de Circoture of Bouleton	III	inois	
FFIDAVIT -	above statements are true to the				ess of Registrent
	best of my knowledge and belief.	Darsy Way	Rand	1510 ∴ <b>Hays</b> ,	
IOTARY (Seal)	Subscribed and sworn to before me	on 12. Signatur of Notal	_	13. Notary Commi	ssion expires
	au. 11 19 2	4 Mary Helder	-	May 7	19 6 7
	Type of Document	ICANT DO NOT WRITE BELOW THIS	\$ LINE		
UPPORTING ECORD 1.	type of Locument	Bureau of Vital St	atistics	Date issued	Date Orig. Entry
	Son's birth certificate	Boise, Idaho #227	500	1-4-35	
	Date of Birth Birth Place	Full Hame of Mother		Name of Fathe	r
lass*B	28 yrs old near Caldwell	ll. Idaho			
UPPORTING ECORD 2.	Type of Document	By whom issued and signed	d	Data I saued entered w	Date Orig. Entry
	Family Record	Bridal Book		married	Jan. 14, 190
D	Date of Birth Birth Place	Full Name of Mother		Name of Fathe	r
:lassB_	Sept. 28, 1880, Camyon C	ounty			
UPPORTING ECORD 3-	Type of Document	By whom issued and signed	d	Date issued	Date Orig. Entry
	Affidavit by cousin	Cora McConnel Iser	nberg	1-29-54	
D	Date of Birth Birth Place	Full Name of Mother	O	Name of Fathe	•
lassB	Sept. 28, 1880, Dixie, I	daho Laura Kirby		Charles 3	S. McConnel
UALIFYING NFORMATION				1 3.02 100	
			** . <u> </u>		
EGISTRAR'S ERTIFICATION	I hereby certify that no prior bi registrant and that documentary e foregoing abstract.				
(3641)	State Registrar	Evidence, reyi wed by			Date Filed
	N. W. Benson	MII MA			1-29-54

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C.14 .0.15 0120 benefit but them sod afered son Reining Will in what Teorem to south to interest to be the little The continue that the commenter of the continues of the continues of the state of the state of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues Date Filst

DELAYED CERTIFICATE OF BIRTH 853-25.006-361 State File No. De55-236 STATE OF IDAHO Local Reg. No.____ Division of Vital Statistics RECEIVED Reg. Dist. No.____ Boise, Idaho . 1. Registrent's Full Hame at Birth (month) (day) 2. Date (year) REGISTRANT MAR 1 1 1955 Of (Person whose Sept. 25 1880 Lewis Ernest Wells Birth Division of Vital Statistics Birth is being 5. Place of Birth 3. Color or Race 4. Sex a. County b.City or Town of Birth registered) Male Blackfoot. White Blackfoot_ Bingham 7. State or Country of Father's Birth 6. Full Name of Father FATHER Francis Marion Wells Wisconsin 9. State or Country of Mother's Birth 8. Full Maiden Name of Mother MOTHER-Susan Coates Wells U.S. of America 11. Present Address of Registrant Route #2, Box 188 I hereby declare upon oath that the 10. Signature of Registrant AFFI DAYIT above statements are true to the best of my knowledge and belief. Alamosa, Colorado 12. Signature of Notary Subscribed and sworn to before me on NOTARY (Seal) marsh 8, 19 55 Aug. 7 APPLICANT DO NOT WRITE BELOW THIS LINE
By whom Issued and signed Date saved Date Orig. Entry Type of Document SUPPORTING RECORD 1-Mutual Life Insurance Co. 1913 issued Insurance Policy Full Name of Mother Name of Father Date of Birth Birth Place Sept. 25, 1880, Idaho Class* B By whom issued and signed Date issued Date Orig. Entry Type of Document SUPPORTING RECORD 2-Mutual Life Insurance Co. issued in 1921 Insurance Policy Date of Birth Birth Place Hame of Father Full Name of Mother Class____R Sept. 25, 1880, Idaho By whom issued and signed Date issued Date Orig. Entry Type of Document SUPPORTING RECORD 3-Affidavit by brother Ralph G. Wells Feb. 9. 1955 Name of Father Full Name of Mother Date of Birth Birth Place Class___ Sept. 25, 1880, Blackfoot, Idaho Susan Coates Francis Marion Wells QUAL! FYING IN FORMATION I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this REGISTRAR'S registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the CERTIFICATION foregoing abstract. (seal) Evidence reviewed by Date Filed State Registrar W. W. Benson March 11, 1955 *Class A Records are those made and dated before the Registrant's fourth birthday. Class B Records are those made after the fourth birthday but are at least 5 years old. FORM DPH 49067 ) 777

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